Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main

Document Page 1 of 63

| Fill in this information to identify your case: |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the :        |  |                                    |
| NORTHERN District of ILLINOIS (State)           |  |                                    |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:          | Identify Yourself   |                            |   |
|------------------|---|----------------------------|---|
|                  |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your          | full name   |                            |   |
| gover<br>identit | the name that is on your<br>nment-issued picture<br>fication (for example,<br>driver's license or | Harry First name Darnell   | First name                                    |
| passp            |   | Middle name                | Middle name                                   |
| identif          | your picture<br>fication to your meeting<br>he trustee.   | Harris Last name           | Last name                                     |
|                  |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All of        | ther names you  |                            |   |
| have<br>years    | used in the last 8  | First name                 | First name                                    |
|                  | le your married or en names.  | Middle name                | Middle name                                   |
|                  |   | Last name                  | Last name                                     |
|                  |   | First name                 | First name                                    |
|                  |   | Middle name                | Middle name                                   |
|                  |   | Last name                  | Last name                                     |
| your             | the last 4 digits of<br>Social Security   | xxx - xx - <u>7995</u>     | XXX - XX                                      |
| Indivi           | er or federal<br>dual Taxpayer<br>fication number   | OR                         | OR  |
| iueiiu           | mount number  | <b>9</b> xx - xx           | 9xx - xx                                      |

Entered 10/24/16 10:20:26 Filed 10/24/16 Case 16-33807 Doc 1 Desc Main Page 2 of 63

Document Harris Harry Darnell Debtor 1 Case Number (if known) \_

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name  EIN  EIN   | Business name  Business name  EIN  EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 1841 W Marquette Road  Number Street  Unit HSE  | Number Street   |
|    |  | Chicago IL 60636 City State ZIP Code  COOK County   | City State ZIP Code  County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy.   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | I have another reason. Explain. (See 28 U.S.C. § 1408   |
|    |  |   |   |

Debtor 1 Harry Darnell Document Harris Page 3 of 63

Case Number (if known)

| Pa  | Tell the Court About You   | Bankruptcy Case  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you                                | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  |  |  |  |  |  |  |
|     | are choosing to file   | ☐ Chapter 7  |  |  |  |  |  |  |
|     | under  | ☐ Chapter 11   |  |  |  |  |  |  |
|     |  | ☐ Chapter 12   |  |  |  |  |  |  |
|     |  | ■ Chapter 13   |  |  |  |  |  |  |
| 8.  | How you will pay the fee   | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.   |  |  |  |  |  |  |
|     |  | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  |  |  |  |  |  |  |
|     |  | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. |  |  |  |  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?                   | ■ No  Yes. District None When Case Number  |  |  |  |  |  |  |
|     |  | MM / DD / YYYY   |  |  |  |  |  |  |
|     |  | District None When Case Number   |  |  |  |  |  |  |
|     |  | MM / DD / YYYY   |  |  |  |  |  |  |
|     |  | District When Case Number<br>MM / DD / YYYY  |  |  |  |  |  |  |
| 10. | Are any bankruptcy cases pending or being                                | ■ No   |  |  |  |  |  |  |
|     | filed by a spouse who is   | Yes. Debtor Relationship to you  |  |  |  |  |  |  |
|     | not filing this case with you, or by a business parter, or by affiliate? | District When Case Number, if known<br>MM / DD / YYYY  |  |  |  |  |  |  |
|     |  | Debtor Relationship to you   |  |  |  |  |  |  |
|     |  | District When Case Number, if known   MM / DD / YYYY   |  |  |  |  |  |  |
| 11. | Do you rent your residence?  | <ul> <li>No. Go to line 12</li> <li>Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> </ul>   |  |  |  |  |  |  |
|     |  | <ul> <li>■ No. Go to line 12.</li> <li>□ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>   |  |  |  |  |  |  |

|       |       | Hami  | Damell               | Document   | Page 4 of 63   |
|-------|-------|---|----------------------|--|--|
| Debto | or 1  | Harry<br>First Name                                   | Darnell  Middle Name | Harris  Last Name                                    | Case Number (if known)   |
| Par   | t 3:  | Report About Any Busi                                 | nesses You Ow        | n as a Sole Proprietor                               |  |
|       |       | ,   |                      |  |  |
| 12.   |       | you a sole proprietor<br>ny full- or part-time        | No.                  | Go to Part 4.  |  |
|       |       | iness?  | ☐ Yes.               | Name and location of business                        |  |
|       |       | sole proprietorship is a usiness you operate as an    |                      |  |  |
|       | indiv | idual, and is not a                                   |                      | Name of business, if any                             |  |
|       | a co  | rrate legal entity such as rporation, partnerhsip, or |                      |  |  |
|       | LLC.  | u have more than one                                  |                      | Number Street  |  |
|       |       | proprietorship, use a<br>rate sheed and attach it     |                      |  |  |
|       | to th | is petition.  |                      |  |  |
|       |       |   |                      | City   | State Zip Code   |
|       |       |   |                      | Check the appropriate box to d                       | describe your business:  |
|       |       |   |                      | ☐ Health Care Business (as                           | s defined in 11 U.S.C. § 101(27A))   |
|       |       |   |                      | ☐ Single Asset Real Estate                           | (as defined in 11 U.S.C. § 101(51B))   |
|       |       |   |                      | ☐ Stockbroker (as defined i                          | n 11 U.S.C. § 101(53A))  |
|       |       |   |                      | ☐ Commodity Broker (as de                            | efined in 11 U.S.C. § 101(6))  |
|       |       |   |                      | ■ None of the above                                  |  |
|       |       |   |                      |  |  |
| 13.   |       | you filing under                                      | -                    | = -  | rt must know whether you are a small business debtor so that it can set<br>you are a small business debtor, you must attach your most recent |
|       |       | hapter 11 of the<br>ankruptcy Code and                | balance s            | heet, statement of operations, ca                    | ash-flow statement, and federal income tax return or if any of these   |
|       |       | you a small business tor?                             | _                    | s do not exist, follow the procedu                   | ure in 11 0.5.C. § 1116(1)(B).   |
|       | For a | a definition of small                                 | _                    | am not filing under Chapter 11.                      |  |
|       |       | ness debtor, see<br>I.S.C. § 101(51D).                |                      | am filing under Chapter 11, but the Bankruptcy Code. | I am NOT a small business debtor according to the definition in  |
|       |       |   | Yes.                 | I am filing under Chapter 11 and<br>Bankruptcy Code. | I am a small business debtor according to the definition in the  |
| Pai   | rt 4: | Report if You Own or H                                | ave Any Hazard       | ous Property or Any Property Tha                     | nt Needs Immediate Attention   |
|       |       |   |                      |  |  |
| 14.   | _     | you own or have any                                   | No.                  |  |  |
|       |       | perty that poses or is ged to pose a threat           | Yes.                 | What is the hazard?                                  |  |
|       |       | nminent and<br>entifiable hazard to                   |                      |  |  |
|       |       | lic health or safety?                                 |                      |  |  |
|       |       | lo you own any<br>perty that needs                    |                      |  |  |
|       |       | nediate attention?                                    |                      | If immediate attention is needed                     | , why is it needed?  |
|       |       | example, do you own<br>shable goods, or livestock     |                      |  |  |
|       | that  | must be fed, or a building needs urgent repairs?      |                      |  |  |
|       | at    |   |                      |  |  |
|       |       |   |                      | Where is the property?Numbe                          | -  |
|       |       |   |                      |  |  |
|       |       |   |                      |  |  |

City

State

ZIP Code

Debtor 1

Darnell Harry

Document

Page 5 of 63 Case Number (if known)

Part 5:

**Explain Your Efforts to** 

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|
| You must check one:  | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   | ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:  | I am not required to receive a briefing about credit counseling because of:   |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military duty in a military combat zone.   | Active duty. I am currently on active military duty in a military combat zone.  |
| If you believe you are not required to receive a   | If you believe you are not required to receive a  |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Debtor 1 Harry Darnell Page 6 of 63

Case Number (if known)

| Part 6           | Answer These Questions  |   |   |   |  |  |
|------------------|---|---|---|---|--|--|
|                  | What kind of debts do rou have?   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. |   |   |  |  |
|                  |   | Yes. Go to line 17.   |   |   |  |  |
|                  |   |   | business debts? Business debts are debts stment or through the operation of the business                    | -   |  |  |
|                  |   | No. Go to line 16c. Yes. Go to line 17.   |   |   |  |  |
|                  |   | _   | we that are not consumer debts or business d  | ebts.   |  |  |
| · A              | Are you filing under  |   |   | <u> </u>  |  |  |
|                  | Chapter 7?  | No. I am not filing under Ch  |   |   |  |  |
| a<br>e<br>a<br>a | Oo you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be evailable for distribution or unsecured creditors? |   | er 7. Do you estimate that after any exempt pour sare paid that funds will be available to distrib          |   |  |  |
| F                | low many creditors do   | 1-49  | 1,000-5,000   | 25,001-50,000   |  |  |
| -                | ou estimate that you  | □ 50-99   | <b>5</b> ,001-10,000  | <b>5</b> 0,001-100,000                                    |  |  |
| O                | owe?  | ☐ 100-199<br>☐ 200-999  | 10,001-25,000   | ☐ More than 100,000                                       |  |  |
| F                | low much do you   | \$0-\$50,000  | \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                |  |  |
|                  | estimate your assets to   | <b>\$50,001-\$100,000</b>   | \$10,000,001-\$50 million   | □\$1,000,000,001-\$10 billion                             |  |  |
| b                | e worth?  | ☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million  | □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million  | ☐\$10,000,000,001-\$50 billion<br>☐More than \$50 billion |  |  |
| _                | low much do you   | \$0-\$50,000  | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion                                 |  |  |
|                  | estimate your liabilities   | □ \$50,001-\$100,000  | □ \$10,000,001-\$50 million   | □\$1,000,000,001-\$10 billion                             |  |  |
| t                | o be?   | <b>\$100,001-\$500,000</b>  | \$50,000,001-\$100 million  | □\$10,000,000,001-\$50 billion                            |  |  |
|                  |   | □ \$500,001-\$1 million   | □ \$100,000,001-\$500 million   | ☐ More than \$50 billion                                  |  |  |
| ırt 7            | Sign Below  |   |   |   |  |  |
| r yc             | DU  | I have examined this petition, and correct.   | I declare under penalty of perjury that the info  | rmation provided is true and                              |  |  |
|                  |   | · · · · · · · · · · · · · · · · · · ·   | ter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap           | *   |  |  |
|                  |   |   | did not pay or agree to pay someone who is nd read the notice required by 11 U.S.C. § 342(                  | ·   |  |  |
|                  |   | I request relief in accordance with   | the chapter of title 11, United States Code, spo  | ecified in this petition.                                 |  |  |
|                  |   |   | nent, concealing property, or obtaining money<br>n fines up to \$250,000, or imprisonment for up<br>I 3571. |   |  |  |
|                  |   | /s/ Harry Darnell Harri Signature of Debtor 1   |   | ture of Debtor 2  |  |  |
|                  |   |   |   |   |  |  |
|                  |   | Executed on10/21/2016   |   | ted on  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 7 of 63

| Debtor 1 | Harry   | Darnell  | Harris   | Page 7 01 03  | se Number                | (if known)   |                         |
|----------|---|--|--|---|--------------------------|--|-------------------------|
|          | First Name  | Middle Name  | Last Name  | _   |                          | ,  |                         |
| represe  | r attorney, if you are<br>nted by one<br>re not represented<br>torney, you do not | proceed under Chap<br>each chapter for whi<br>11 U.S.C. § 342(b) a | ter 7, 11, 12, or 13 of title ch the person is eligible. | petition, declare that I have it all, United States Code, an I also certify that I have deli 707(b)(4)(D) applies, certify the petition is incorrect. | id have ex<br>vered to t | rplained the relief available he debtor(s) the notice re | ole under<br>equired by |
| need to  | file this page.   | 🗶 /s/ Jaso   | n Makoto Shimotak  | Shimotake <sub>D</sub>  |                          | Date: 10/21/201  | 6                       |
|          |   | Signature of At  | torney for Debtor  |   | Duto                     | MM / DD / YYYY   |                         |
|          |   | Printed name  Geraci L  Firm name                                  | aw L.L.C.  onroe St., #3400                              |   |                          |  |                         |
|          |   | Chicago  |  |   |                          | 60603  |                         |
|          |   | City   |  |   | State                    | ZIP Code   |                         |
|          |   | Contact Phone  | 312-332-1800   |   | Email ad                 | dressndil@geraci   | law.com                 |

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Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 8 of 63

| Fill in this information to identify your case: |                  |   |                      |  |  |  |
|---|------------------|---|----------------------|--|--|--|
| Debtor 1  | Harry            | Darnell                                 | Harris               |  |  |  |
|   | First Name       | Middle Name                             | Last Name            |  |  |  |
| Debtor 2  |                  |   |                      |  |  |  |
| (Spouse, if filing)                             | First Name       | Middle Name                             | Last Name            |  |  |  |
| United States                                   | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | ILLINOIS_<br>(State) |  |  |  |
| Case Number                                     | ·                |   | _                    |  |  |  |
| (II KIIOWII)                                    |                  |   |                      |  |  |  |

# Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: | Summarize Your Assets  |   |
|---------|--|---|
|         |  | <b>Your assets</b><br>Value of what you own |
|         | le A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B  | \$0   |
| 1b. Cop | y line 62, Total personal property, from Schedule A/B  | \$ 8,073                                    |
| 1c. Cop | y line 63, Total of all property on Schedule A/B   | \$ 8,073                                    |
| Part 2: | Summarize Your Liabilities   |   |
|         |  | Your liabilities<br>Amount you owe          |
|         | le D: Creditors Who Have Claims Secured by Property (Official Form 106D) y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$14,336                                    |
|         | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$0<br>\$13,546                             |
| 3b. Cop | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$13,540                                    |
|         |  |   |
| Part 3: | Summarize Your Liabilities   |   |
|         | le I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  | \$2,998.49                                  |
|         | e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J   | \$2,497.50                                  |

Page 9 of 63 Document Debtor 1 Harry Darnell Case Number (if known) \_ First Name Middle Name Last Name **EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 3,891.25 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.)

\$ 0.00

\$ 0.00

9g. Total. Add lines 9a through 9f.

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

|  | Caco 16   | 3 22007 Doc 1   | Filad 10/24/16  | Entered 10/24/16 10   | 0:20:26 De:                                  | sc Main   |
|--|---|---|---|---|--|---|
| Fill in this in  | formation to ide  | ntify your case and this fili   | ng:   | 0 of 63   |  |   |
| Debtor 1   | Harry   | Darnell   | Harris  |   |  |   |
|  | First Name  | Middle Name   | Last Name   |   |  |   |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name   | Last Name   |   |  |   |
| United States  | Bankruptcy Court fo   | or the : <u>NORTHERN</u> Distric  | ct of <u>ILLINOIS</u>   |   |  |   |
| Case Number  |   |   | (State)   |   | I  | Check if this is an   |
| (If known)   |   |   |   |   |  | amended filing  |
| Official F   | <u>orm 106A</u>   | <u>/B</u>   |   |   |  |   |
| Schedul  | e A/B: Pr   | operty  |   |   |  | 12/15   |
| ategory where esponsible for ages, write you out the control of th | you think it fits<br>supplying corre<br>ur name and cas<br>Describe Each Re-<br>un or have any le   | best. Be as complete and a<br>ct information. If more spa<br>e number (if known). Answ<br>sidence, Building, Land, or O<br>gal or equitable interest in | accurate as possible. If two nace is needed, attach a separa  | d, or similar property?   | ooth are equally                             |   |
|  | -   | -   | our entries no Fart I, includi  |   | >  | \$0.00  |
| Part 2:  | Describe Your Vel   | nicles  |   |   |  |   |
| you own that so  O3. Cars, vans  No.  Yes.  N  A  C  O4. Watercraft  Examples:  No.  Yes.  | Describe  Describe  Describe  Make:  Model:  Year:  Approximate Milea  Other information:  t, aircraft, motor  Boats, trailers, motor  Describe | es. If you lease a vehicle, all s, sport utility vehicles, mo Dodge  Avenger  2013  351,000  homes, ATVs and other recors, personal watercraft, fishing | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor  Check if this is comminstructions)  creational vehicles, other vehivessels, snowmobiles, motorcycle | nly rs and another  nunity property (see  nicles, and accessories e accessories | Do not deduct secured the amount of any secu | claims or exemptions. Put red claims on Schedule D: aims Secured by Property  Current value of the portion you own?  00 \$ 3,412.00 |
|  |   |   | our entries fro Part 2, includi   | ng any entries for pages<br>>   |  | \$ 3,412.00   |
|  |   | sonal and Household Items   |   |   |  |   |
| rait 5.  |   | or equitable interest in any  | of the following items?   |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions  |
| Examples:  |   | nishings<br>urniture, linens, china, kitchenw   | vare  |   |  |   |
| Yes.   | Describe  | Furniture, linens, small appliar  | nces, table & chairs, bedroom set   |   | \$1,000                                      | \$1,000. <u>0</u> 0   |

Official Form 106A/B Record # 721113 Schedule A/B: Property Page 1 of 6

Harry Debtor 1

Filed 10/24/16
Document P Entered 10/24/16 10:20:26 Page 11 of 63 umber (if known) Case 16-33807 Desc Main Doc 1 First Name Middle Name

| 07. | Electronics                    |  |       |                              |
|-----|--------------------------------|--|-------|------------------------------|
|     | Examples: Televisions and ra   | adios; audio, video, stereo, and digital equipment; computers, printers, scanners; music     |       |                              |
|     | collections; electronic device | s including cell phones, cameras, media players, games                                       |       |                              |
|     | No.                            |  |       |                              |
|     | Yes. Describe                  |  |       | 7                            |
|     |                                | Flat screen TV, computer, printer, music collection, cell phone                              | \$150 |                              |
|     |                                |  |       | \$ 150.00                    |
| 08. | Collectibles of value          |  |       | -                            |
| *** |                                | rines; paintings, prints, or other artwork; books, pictures, or other art objects;           |       |                              |
|     |                                | I collections; other collections, memorabilia, collectibles                                  |       |                              |
|     | No.                            |  |       |                              |
|     | =                              |  |       | 1                            |
|     | Yes. Describe                  |  |       |                              |
| l   |                                |  |       | \$0.00                       |
| 09. | Equipment for sports and       |  |       |                              |
|     |                                | phic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes   |       |                              |
|     | and kayaks; carpentry tools;   | musical instruments  |       |                              |
|     | No.                            |  |       |                              |
|     | Yes. Describe                  |  |       | 1                            |
|     | <del>_</del>                   |  |       | \$ 0.00                      |
| 10. | Firearms                       |  |       |                              |
|     | Examples: Pistols, rifles, sho | otguns, ammunition, and related equipment  |       |                              |
|     | No.                            |  |       |                              |
|     | =                              |  |       | 7                            |
|     | Yes. Describe                  |  |       |                              |
| ١   | <b></b>                        |  |       | \$0.00                       |
| 11. | Clothes                        |  |       |                              |
|     | Examples: Everyday clothes     | , furs, leather coats, designer wear, shoes, accessories                                     |       |                              |
|     | No.                            |  |       |                              |
|     | Yes. Describe                  |  |       |                              |
|     | <del>_</del>                   | Everyday clothes, coats, designer wear, shoes, accessories                                   | \$50  |                              |
|     |                                |  |       | \$50.00                      |
| 12. | Jewelry                        |  |       |                              |
|     | Examples: Everyday jewelry     | , costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,         |       |                              |
|     | gold, silver                   |  |       |                              |
|     | No.                            |  |       |                              |
|     | Yes. Describe                  |  |       | 7                            |
|     | Tes. Describe                  | Everyday jewelry, costume jewelry, engagement rings, wedding rings                           | \$50  |                              |
|     |                                | 2101/344/ jonosi), coctains jonosily, engagoment imge, neading imge                          | 400   | \$ 50.00                     |
| 13  | Non-farm animals               |  |       | <u> </u>                     |
| 13. | Examples: Dogs, cats, birds,   | horses   |       |                              |
|     |                                | TIOI 3C3   |       |                              |
|     | No.                            |  |       | -                            |
|     | Yes. Describe                  |  |       |                              |
|     |                                |  |       | \$0.00                       |
| 14. | Any other personal and h       | ousehold items you did not already list, including any health aids you did not list          |       |                              |
|     | No.                            |  |       |                              |
|     | Yes. Describe                  |  |       | 7                            |
|     | Tes. Describe                  |  |       | \$ 0.00                      |
|     |                                |  |       | \$0                          |
| 15. | Add the dollar value of all    | of your entries from Part 3, including any entries for pages you have attached               |       | \$1,250.0                    |
|     | for Part 3. Write that num     | ber here>  |       |                              |
|     |                                |  |       |                              |
| F   | Describe Your Fi               | inancial Assets  |       |                              |
|     |                                |  |       |                              |
| Do  | you own or have any lega       | Il or equitable interest in any of the following?  |       | Current value of the         |
|     |                                |  |       | portion you own?             |
|     |                                |  |       | Do not deduct secured claims |
|     |                                |  |       | or exemptions                |
| 16. | Cash                           |  |       |                              |
|     | Examples: Money you have       | in your wallet, in your home, in a safe deposit box, and on hand when you file your petition |       |                              |
|     | No.                            |  |       |                              |
|     | <b>=</b> .,                    |  |       |                              |
|     | Yes. Describe                  |  |       |                              |
|     | _                              |  |       | \$ 0.00                      |

Case 16-33807 Harry Debtor 1

Doc 1

Desc Main

First Name

Middle Name

Filed 10/24/16 Entered 10/24/16 10:20:26

— Document Page 12 of 83 Pumber (if known)

| 17. | Deposits of      | f money             |  |   |                 |
|-----|------------------|---------------------|--|---|-----------------|
|     | Examples: (      | Checking, savings   | , or other financial accounts; certifica   | ates of deposit; shares in credit unions, brokerage houses,         |                 |
|     | and other si     | milar institutions. | If you have multiple accounts with th  | ne same institution, list each.                                     |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            | Account Type:  | Institution name:   |                 |
|     | 103.             | Describe            | Other financial account  | RUSH  | \$ 0.00         |
|     |                  |                     | Other illiancial account   | 10011   |                 |
|     |                  |                     |  |   | \$ <u> </u>     |
| 18. | Bonds, mu        | tual funds, or p    | ublicly traded stocks  |   |                 |
|     | Examples: I      | Bond funds, invest  | ment accounts with brokerage firms   | s, money market accounts  |                 |
|     | No.              |                     | •  | •   |                 |
|     | <b>=</b>         |                     | Land to the second seco |   |                 |
|     | Yes.             | Describe            | Institution or issuer name:  |   |                 |
|     |                  |                     |  |   | \$0 <u>.0</u> 0 |
| 19. | Non-public       | ly traded stock     | and interests in incorporated  | and unincorporated businesses, including an interest in             |                 |
|     | No.              |                     |  |   |                 |
|     | <b>=</b>         |                     | Name of Entity and Donout of   | Our arabin.   |                 |
|     | Yes.             | Describe            | Name of Entity and Percent of  | Ownersnip:  |                 |
|     |                  |                     |  |   | \$ <u>0.0</u> 0 |
| 20. | Governmen        | nt and corporat     | e bonds and other negotiable   | and non-negotiable instruments                                      |                 |
|     | Negotiable i     | nstruments includ   | e personal checks, cashiers' checks  | s, promissory notes, and money orders.                              |                 |
|     | Non-negotia      | able instruments a  | re those you cannot transfer to some   | eone by signing or delivering them.                                 |                 |
|     | No.              |                     |  |   |                 |
|     | <b>=</b>         | December            | lacuer name:   |   |                 |
|     | Yes.             | Describe            | Issuer name:   |   |                 |
|     |                  |                     |  |   | \$ <u>0.0</u> 0 |
| 21. | Retirement       | or pension acc      | counts   |   |                 |
|     | Examples: I      | nterests in IRA, E  | RISA, Keogh, 401(k), 403(b), thrift s  | avings accounts, or other pension or profit-sharing plans           |                 |
|     | No.              |                     |  |   |                 |
|     | □ <sub>Voo</sub> | Dogoribo            | Type of account and Institution  | name.   |                 |
|     | Yes.             | Describe            | Type of account and institution  | manic.  |                 |
|     |                  |                     |  |   | \$ <u> </u>     |
| 22. | Security de      | posits and pre      | payments   |   |                 |
|     | Your share       | of all unused depo  | osits you have made so that you may  | y continue service or use from a company                            |                 |
|     | Examples: A      | Agreements with la  | andlords, prepaid rent, public utilities   | s (electric, gas, water), telecommunications                        |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            | Institution name or individual:  |   |                 |
|     | 1 es.            | Describe            | mondation name of marriada.  |   | \$ 0.00         |
|     |                  |                     |  |   | \$0.00          |
| 23. | Annuities (      | A contract for a    | a periodic payment of money to   | o you, either for life or for a number of years)                    |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            | Issuer name and description:   |   |                 |
|     |                  | 200020              | p  |   | \$ 0.00         |
| 24  | Intereste in     | on advantion l      | DA in an account in a qualific   | d API E program or under a qualified state tuition program          | <u> </u>        |
| 24. |                  |                     |  | d ABLE program, or under a qualified state tuition program.         |                 |
|     | 26 U.S.C. §      | § 530(b)(1), 529A   | (b), and 529(b)(1).  |   |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            | Institution name and descriptio  | n. Separately file the records of any interests.11 U.S.C. § 521(c): |                 |
|     | _                |                     | ·  |   | \$ 0.00         |
| 25  | Truete on        | itable or future    | interests in property (other th  | an anything listed in line 1), and rights or powers                 | · ·             |
| 25. |                  | illable of future   | interests in property (other th  | ian anything listed in line 1), and rights of powers                |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            |  |   |                 |
|     |                  |                     |  |   | \$ 0.00         |
| 26  | Patents co       | nvrights trade      | marks, trade secrets, and othe   | or intellectual property  | · ·             |
| 20. | -                |                     | ames, websites, proceeds from royal  | • • •   |                 |
|     | <b>-</b>         | mornor domain He    | ance, websites, proceeds from royal  | and noonoing agreements   |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            |  |   |                 |
|     |                  |                     |  |   | \$ 0.00         |
| 27. | Licenses f       | ranchises, and      | other general intangibles  |   |                 |
|     | -                | · ·                 | -  | ciation holdings, liquor licenses, professional licenses            |                 |
|     |                  | zananiy poilillo, e |  | adalan malamgo, ngdor noonooo, protoadional noonaoa                 |                 |
|     | No.              |                     |  |   |                 |
|     | Yes.             | Describe            |  |   |                 |
|     |                  |                     |  |   | \$ <u>0.0</u> 0 |
|     |                  |                     |  |   |                 |

Case 16-33807 Harry Debtor 1

Doc 1

Filed 10/24/16
Document F

Desc Main

First Name

Middle Name

Entered 10/24/16 10:20:26 Page 13 of 63 umber (if known)

| Мо  | oney or property owed to you?  | Current value of the portion you own?  Do not deduct secured claims or exemptions |
|-----|--|---|
| 28. | Tax refunds owed to you  |   |
|     | ■ No.  Yes. Describe   | \$ 0.00   |
| 29. | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No.   |   |
|     | Yes. Describe  | \$ 0.00   |
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,  Social Security benefits; unpaid loans you made to someone else  No.             |   |
|     | Yes. Describe  | \$0.00  |
| 31. | Interest in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No. Company Name & Beneficiary:   |   |
|     | Yes. Describe  | \$0.00  |
| 32. | Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No. |   |
|     | Yes. Describe  | \$ 0.00   |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  |   |
|     | Yes. Describe  | \$0.00  |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights  No.  |   |
|     | Yes. Describe  | \$0.00  |
| 35. | Any financial assets you did not already list  No.   |   |
|     | Yes. Describe  | \$0.00  |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached   |   |
|     | for Part 4. Write that number here>  | \$0.00  |
|     | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |   |
| 37. | Do you own or have any legal or equitable interest in any business-related property?  No.  Yes.  |   |
|     |  | Current value of the portion you own? Do not deduct secured claims or exemptions  |
| 38. | Accounts receivable or commissions you already earned No.  |   |
|     | Yes. Describe  | \$0.00  |

Filed 10/24/16 Entered 10/24/16 10:20:26

Document Page 14 of 3 yumber (if known) Case 16-33807 Doc 1 Harry Debtor 1

Desc Main

\$0.00

39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Describe..... Yes. 0.00 41. Inventory No. Describe..... Yes. 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list No. Yes. Describe..... 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

Debtor 1

Case 16-33807

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

62. Total personal property. Add lines 56 through 61. .....

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Filed 10/24/16 Entered 10/24/16 10:20:26

Document Page 15 of 63 umber (if known)

\$ 0.00

\$ 0.00

\$ 0.00

\$4,662.00

Desc Main

Harry

First Name

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 3,412.00 56. Part 2: Total vehicles, line 5 \$ 1,250.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 0.00

\$4,662.00

\$4,662.00

| Fill in this in     | formation to ident   | ify your case:                        |                 |
|---------------------|----------------------|---------------------------------------|-----------------|
| Debtor 1            | Harry                | Darnell                               | Harris          |
|                     | First Name           | Middle Name                           | Last Name       |
| Debtor 2            |                      |                                       |                 |
| (Spouse, if filing) | First Name           | Middle Name                           | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _   | ILLINOIS(State) |
| Case Number         | -                    | · · · · · · · · · · · · · · · · · · · |                 |
| (If known)          |                      |                                       |                 |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 11: Identify the Property You Claim as Exempt   |  |                                      |   |                                     |  |  |  |  |  |  |  |
|--|--|--------------------------------------|---|-------------------------------------|--|--|--|--|--|--|--|
|  | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |                                      |   |                                     |  |  |  |  |  |  |  |
| _  | ming state and federal nonbankrupto  |                                      | § 522(b)(3)   |                                     |  |  |  |  |  |  |  |
| ☐ You are clai   | ming federal exemptions. 11 U.S.C.   | § 522(b)(2)                          |   |                                     |  |  |  |  |  |  |  |
|  |  |                                      |   |                                     |  |  |  |  |  |  |  |
| 2. For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. |  |                                      |   |                                     |  |  |  |  |  |  |  |
|  | on of the property and line on<br>that lists this property   | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption  |  |  |  |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                     |  |  |  |  |  |  |  |
| Brief description:   | 2013 Dodge Avenger with over 51,000 miles  | \$_6,823                             | \$_2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00  |  |  |  |  |  |  |  |
| Line from Schedule A/B:  | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |  |  |  |  |  |  |  |
| Brief<br>description:  | Furniture, linens, small appliances, table & chairs, bedroom set                                     | \$_1,000                             | <b></b>   | 735 ILCS 5/12-1001(b) - \$1,000.00  |  |  |  |  |  |  |  |
| Line from Schedule A/B:  | <u>06</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |  |  |  |  |  |  |  |
| Brief<br>description:  | Flat screen TV, computer, printer, music collection, cell phone                                      | <u>\$_150</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$150.00    |  |  |  |  |  |  |  |
| Line from Schedule A/B:  | <u>07</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |  |  |  |  |  |  |  |
| Brief<br>description:  | Everyday clothes, coats, designer wear, shoes, accessories   | \$ <u>50</u>                         | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$50.00 |  |  |  |  |  |  |  |
| Line from Schedule A/B:  | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |  |  |  |  |  |  |  |
|  |  |                                      |   |                                     |  |  |  |  |  |  |  |
| Official Form 1060   | Official Form 106C Record # 721113 Schedule C: The Property You Claim as Exempt Page 1 of 2          |                                      |   |                                     |  |  |  |  |  |  |  |

Debtor 1 Harry Darnell Document Page 17 of 63 Case Number (if known)

Last Name

Middle Name

First Name

|   | Part 2: Addit   | tional Page  |                                      |   |                                     |          |
|---|---|--|--------------------------------------|---|-------------------------------------|----------|
|   | Brief description of the property and line on Schedule A/B that lists this property |  | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption  |          |
|   |   |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                     |          |
|   | Brief description:  | Everyday jewelry, costume jewelry, engagement rings, wedding rings         | <u>\$ 50</u>                         | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$50.00 |          |
|   | Line from Schedule A/B:   | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |          |
|   | Brief description:  | Other financial account, RUSH, 0.00  | \$_ O                                | <b></b>   | 735 ILCS 5/12-1001(b) - \$0.00      |          |
|   | Line from Schedule A/B:   | 17   |                                      | 100% of fair market value, up to any applicable statutory limit |                                     |          |
| 3 | Are you claimin   | ng a homestead exemption of more   | than \$155.675?                      |   |                                     | $\dashv$ |
|   | No.   | stment on 4/01/16 and every 3 years  a acquire the property covered by the |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   |   |  |                                      |   |                                     |          |
|   | Official Form 1060  | Record # 721113  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 2 of 2                         |          |

| Fill in this i      | Caso 16                 |  | c 1 Filod 10   | 124/16                 | Entor        | ed 10/24/10<br>8 of 63 | 6 10:20:26  | Desc Main  |                    |
|---------------------|-------------------------|--|--|------------------------|--------------|------------------------|---|--|--------------------|
| Debtor 1            | Harry                   | Darnell  | H  | arris                  |              |                        |   |  |                    |
| Debtor 1            | First Name              | Middle Name  | Last   | Name                   |              |                        |   |  |                    |
| Debtor 2            |                         |  |  |                        |              |                        |   |  |                    |
| (Spouse, if filing) | First Name              | Middle Name  | Last   | Name                   |              |                        |   |  |                    |
| United States       | s Bankruptcy Court fo   | or the : <u>NORTHERN</u>   | District of <u>ILLINOIS</u>  |                        |              |                        |   |  |                    |
| Case Numbe          | er                      |  | (Sta   | te)                    |              |                        |   | Check if this                                      | s is an            |
| (If known)          |                         |  |  |                        |              |                        |   | amended fi   | ling               |
| Official F          | orm 106D                |  |  |                        |              |                        |   |  |                    |
| Schedule            | D: Credito              | rs Who Have  | Claims Secu  | red by Pr              | oneri        | tv                     |   |  | 12/15              |
| 1. Do any cre       | es, write your nan      | ne and case number is secured by your properties submit this form to the mation below. | ,  |                        |              |                        |   | ııy  |                    |
| Part 1:             | LIST All Secured C      | aims   |  |                        |              |                        | Column A  | Column A   | Column C           |
| for each o          | claim. If more than     | one creditor has a pa  | an one secured claim, larticular claim, list the call order according to the       | other creditors in     | n Part 2.    | у                      | Amount of claim Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured portion  |
| 2.1 Capita          | I ONE AUTO Fina         | nce  | Describe the prope   | rty that secures       | the claim    | n:                     | <b>\$</b> _14,336.00                                  | <b>\$</b> 6,823.00                                 | \$ <u>7,513.00</u> |
| Creditor's          |                         |  | 2013 Dodge Aven  | ger with over 51       | ,000 mile    | es                     | 7   |  |                    |
| 3901 L<br>Number    | Oallas Pkwy<br>Street   |  |  |                        |              |                        |   |  |                    |
| Number              | Sueet                   |  | As of the date you   | file the claim is      | · Chook o    | Il that apply          | _   |  |                    |
|                     |                         |  | Contingent   | ille, tile cialili is. | . CHECK a    | п шасарріу.            |   |  |                    |
| Plano               |                         | TX 75093   | Unliquidated   |                        |              |                        |   |  |                    |
| City                |                         | State Zip Code   | Disputed   |                        |              |                        |   |  |                    |
| Who owe             | s the debt? Check of    | ne.  | Nature of Lien. Che  | eck all that apply.    |              |                        |   |  |                    |
| Debtor              | 1 only                  |  | An agreement yo  | u made (such as r      | mortgage o   | or secured             |   |  |                    |
| Debtor              | 2 only                  |  | car loan)  |                        |              |                        |   |  |                    |
| Debtor              | 1 and Debtor 2 only     |  | Statutory lien (su   | ch as tax lien, med    | chanic's lie | en)                    |   |  |                    |
| At leas             | st one of the debtors a | and another  | Judgment lien fro  | m a lawsuit            |              |                        |   |  |                    |
|                     | c if this claim relate  | s to a   | Other (including a   | right to offset)       |              |                        |   |  |                    |
|                     | t was incurred          | 2016-07-29   | Last 4 digits of acc   | ount number _          | 100          | <u>1</u>               |   |  |                    |
| Part 2:             | List Others to Be I     | Notified for a Debt Tha  | t You Already Listed   |                        |              |                        |   |  |                    |
| trying to collect   | ct from you for a de    | ebt you owe to someor<br>ebts that you listed in                                       | out your bankruptcy for<br>ne else, list the creditor<br>Part 1, list the addition | in Part 1, and th      | nen list th  | e collection agency    | here. Similarly, if yo                                | ou have more                                       |                    |
|                     |                         |  |  |                        |              |                        |   |  |                    |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>14,336.00</u>

|  |   | Caso 16 22907  |   | Eilod  | 10/24/16  | Entor  | ed 10/24/16 1   | 0:20:26  | Desc Main                       |                            |
|--|---|--|---|--|---|--|---|--|---------------------------------|----------------------------|
| Fill in  | this in   | formation to identify your case  | e:  |  |   |  | 9 of 63   |  |                                 |                            |
| Debto  | or 1  | Harry [  | Darnell   |  | Harris  | _  |   |  |                                 |                            |
|  |   | First Name M   | liddle Name   |  | Last Name   |  |   |  |                                 |                            |
| Debto  | or 2<br>e, if filing)                                     | First Name M   | liddle Name   |  | Last Name   | -  |   |  |                                 |                            |
|  | -   |  |   |  |   |  |   |  |                                 |                            |
| Unite  | d States I  | Bankruptcy Court for the : <u>NORT</u>   | <u>'HERN</u> Distr  | rict of <u>ILLINOI</u>   | S(State)  |  |   |  |                                 |                            |
| Case<br>(If knd  | Number  |  |   |  |   |  |   |  | Check if t                      |                            |
|  | -   | 106F/F   |   |  |   |  | ı   |  | amended                         | illing                     |
| JIIIC  | iai Fo  | orm 106E/F   |   |  |   |  |   |  |                                 | 12/15                      |
| ist the on the last t | other pa<br>perty (C<br>s with pa<br>copy th<br>ny additi | and accurate as possible. Usinty to any executory contract Official Form 106A/B) and on Sartially secured claims that are Part you need, fill it out, nuitional pages, write your name | s or unexpir<br>Schedule G:<br>e listed in S<br>mber the ent<br>and case nu | red leases th Executory Control chedule D: Control tries in the be | at could result in<br>contracts and Un<br>creditors Who Ha<br>oxes on the left. | n a claim. Als<br>expired Lea<br>ave Claims S    | so list executory contra<br>ses (Official Form 106<br>Secured by Property. If         | acts on <i>Schedul</i><br>G). Do not inclu-<br>more space is | <i>le</i><br>de any             |                            |
| 1. <b>Do</b> a   | any cred  | litors have priority unsecured   | l claims agai   | inst you?  |   |  |   |  |                                 |                            |
|  | No. Go  | to Part 2.   |   |  |   |  |   |  |                                 |                            |
|  | Yes.  |  |   |  |   |  |   |  |                                 |                            |
| eac<br>non<br>uns  | h claim l<br>priority a<br>ecured o                       | pur priority unsecured claims<br>isted, identify what type of claim<br>amounts. As much as possible,<br>claims, fill out the Continuation<br>lanation of each type of claim,           | m it is. If a clain<br>list the clain<br>Page of Part                       | aim has both<br>ns in alphabe<br>t 1. If more th                   | priority and nonp<br>tical order accord<br>an one creditor he                   | oriority amount<br>ding to the cruiolds a partic | nts, list that claim here a<br>editor's name. If you ha<br>ular claim, list the other | and show both pover more than two                            | riority and<br>o priority<br>3. | Normalista                 |
|  |   |  |   |  |   |  |   | Total claim  | Priority<br>amount              | Nonpriority amount         |
| Part 2   | 2# L  | ist All of Your NONPRIORITY U  | nsecured Cla  | ims  |   |  |   |  |                                 |                            |
| 3. <b>Do a</b>   | any cred  | litors have nonpriority unsecu   | ured claims   | against you?   | •   |  |   |  |                                 |                            |
|  | No. You   | u have nothing to report in this   | part. Submi   | t this form to   | the court with you  | ur other sche                                    | dules.  |  |                                 |                            |
|  | Yes.  |  |   |  |   |  |   |  |                                 |                            |
| non  | priority unded in I                                       | our nonpriority unsecured cla<br>unsecured claim, list the credito<br>Part 1. If more than one credito<br>ut the Continuation Page of Par  | or separately<br>or holds a par   | for each clair   | m. For each claim   | n listed, iden                                   | tify what type of claim it  | is. Do not list cla  | aims already                    |                            |
| 4.1  | City of C   | Chicago Bureau Parking   | ı   | ast 4 digits o   | f account number  | r  |   |  |                                 | Total claim<br>\$ 2,000.00 |
|  | Creditor's N  | lame<br>aSalle St  |   |  | debt incurred?  |  |   |  |                                 |                            |
| Ī  | Number  | Street   |   |  |   |  |   |  |                                 |                            |
| <u> </u>   | Room 10   | 07   |   | _  | you file, the claim   | n is: Check al                                   | ll that apply.  |  |                                 |                            |
| (  | Chicago   | IL 6060  | <sub>2</sub> Г  | Contingent Unliquidated  | 4   |  |   |  |                                 |                            |
|  | City  | State Zip Co   | ode [   | Disputed   |   |  |   |  |                                 |                            |
| Ë  | Debtor 1  |  | _   | _  |   |  |   |  |                                 |                            |
|  | Debtor 2  | ? only   | <u> </u>  | Type of NONP   | RIORITY unsecur   | ed claim:  |   |  |                                 |                            |
|  | ;   | and Debtor 2 only  | Ĺ   | Student load   |   | _  |   |  |                                 |                            |
| Ļ  | ;   | one of the debtors and another   | L   |  | arising out of a sepa   | _  | nent or divorce   |  |                                 |                            |
| L  |   | f this claim relates to a<br>nity debt   | Г   |  | not report as priority<br>nsion or profit-sharir                                | -  | other similar debts   |  |                                 |                            |
|  | the clain   | subject to offest?   | L   |  |   | J, a.i.d   |   |  |                                 |                            |
|  | No<br>  |  |   | Other. Spec  | eify Debt Owed  |  |   |  |                                 |                            |
|  | Yes   |  |   |  |   |  |   |  |                                 |                            |

Page 20 of 63 Document Harry Darnell Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them b             | eginning with 4.4, followed by 4.5, and so forth.                      | Total Claim      |  |  |  |  |  |
|----------|---|--|------------------|--|--|--|--|--|
| 4.2      | Comcast Cable   | Last 4 digits of account number  |                  |  |  |  |  |  |
|          | Creditor's Name  1701 John F. Kennedy Blvd  Number Street | When was the debt incurred?  |                  |  |  |  |  |  |
|          | Number Street   | As of the date you file, the claim is: Check all that apply.           |                  |  |  |  |  |  |
|          |   | Contingent   |                  |  |  |  |  |  |
|          | Philadelphia PA 19103                                     | Unliquidated   |                  |  |  |  |  |  |
|          | City State Zip Code                                       |  |                  |  |  |  |  |  |
| '        | Who owes the debt? Check one.                             | Disputed   |                  |  |  |  |  |  |
|          | Debtor 1 only   |  |                  |  |  |  |  |  |
|          | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                   |                  |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                                | ☐ Student loans  |                  |  |  |  |  |  |
| !        | At least one of the debtors and another                   | Obligations arising out of a separation agreement or divorce           |                  |  |  |  |  |  |
| L        | Check if this claim relates to a                          | that you did not report as priority claims                             |                  |  |  |  |  |  |
| Ι,       | community debt s the claim subject to offest?             | Debts to pension or profit-sharing plans, and other similar debts      |                  |  |  |  |  |  |
| l i      | No  | Other Specify Cable Bill   |                  |  |  |  |  |  |
| l i      | Yes   | Other. Specify Cable Bill  |                  |  |  |  |  |  |
| 4.3      | Creditors Discount & A                                    | Last 4 digits of account number 7436                                   | \$ <u>315.00</u> |  |  |  |  |  |
|          | Creditor's Name   | When was the debt incurred? 2012-2012                                  |                  |  |  |  |  |  |
|          | 415 E Main St   | When was the debt incurred?  |                  |  |  |  |  |  |
|          | Number Street   |  |                  |  |  |  |  |  |
|          | ·   | As of the date you file, the claim is: Check all that apply.           |                  |  |  |  |  |  |
|          | Observation II 04004                                      | Contingent   |                  |  |  |  |  |  |
|          | Streator IL 61364   | Unliquidated   |                  |  |  |  |  |  |
| ١ ،      | City State Zip Code  Who owes the debt? Check one.        | Disputed   |                  |  |  |  |  |  |
| I        | Debtor 1 only   | _  |                  |  |  |  |  |  |
| l i      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                   |                  |  |  |  |  |  |
| l i      | Debtor 1 and Debtor 2 only                                | Student loans  |                  |  |  |  |  |  |
|          | At least one of the debtors and another                   | Obligations arising out of a separation agreement or divorce           |                  |  |  |  |  |  |
|          |   | that you did not report as priority claims                             |                  |  |  |  |  |  |
| 1        | Check if this claim relates to a community debt           | Debts to pension or profit-sharing plans, and other similar debts      |                  |  |  |  |  |  |
| 1        | s the claim subject to offest?                            | bests to perision of profit-sharing plans, and other similar design    |                  |  |  |  |  |  |
|          | No  | Other. Specify Medical Debt  |                  |  |  |  |  |  |
| l į      | Yes   | Other. Openity   |                  |  |  |  |  |  |
| 4.4      | Creditors Discount & A                                    | Last 4 digits of account number 0720                                   | \$ <u>336.00</u> |  |  |  |  |  |
|          | Creditor's Name   | 2040-2044  |                  |  |  |  |  |  |
|          | 415 E Main St   | When was the debt incurred? 2010-2011                                  |                  |  |  |  |  |  |
|          | Number Street   |  |                  |  |  |  |  |  |
|          |   | As of the date you file, the claim is: Check all that apply.           |                  |  |  |  |  |  |
|          |   | Contingent   |                  |  |  |  |  |  |
|          | Streator IL 61364   | Unliquidated   |                  |  |  |  |  |  |
| ١,       | City State Zip Code  Who owes the debt? Check one.        | Disputed   |                  |  |  |  |  |  |
|          | Debtor 1 only   | <del>_</del>   |                  |  |  |  |  |  |
|          | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                   |                  |  |  |  |  |  |
| i        | Debtor 1 and Debtor 2 only                                | Student loans  |                  |  |  |  |  |  |
|          | At least one of the debtors and another                   | Obligations arising out of a separation agreement or divorce           |                  |  |  |  |  |  |
|          |   | that you did not report as priority claims                             |                  |  |  |  |  |  |
|          | Check if this claim relates to a community debt           | Debts to pension or profit-sharing plans, and other similar debts      |                  |  |  |  |  |  |
| 1        | s the claim subject to offest?                            | 5556 to periodical or profit origining plants, and other similar debte |                  |  |  |  |  |  |
|          | No  | Other. Specify Medical Debt  |                  |  |  |  |  |  |
|          | Yes   |  |                  |  |  |  |  |  |

| Debtor 1    | Harry       | Case 16-33807                 | Doc 1          | Filed 10/24/16               | Entered 10/24/16 10:20:26<br>Page 21 of 63<br>Page 21 of 63 | Desc Main |
|-------------|-------------|-------------------------------|----------------|------------------------------|---|-----------|
|             | First Name  | Middle Name                   |                | Last Name                    |   |           |
| Part 2      | Your        | NONPRIORITY Unsecured Cla     | ims - Continua | ntion Page                   |   |           |
| After listi | ng any er   | ntries on this page, number t | hem beginnir   | ng with 4.4, followed by 4.5 | i, and so forth.  |           |
| 4.5         | Creditors [ | Discount & A                  | _ Las          | et 4 digits of account numbe | r2821   | :         |

| After li | sting any entries on this page, number them b   | eginning with 4.4, followed by 4.5, an   | d so forth.                             | Total Claim      |  |  |  |
|----------|---|--|---|------------------|--|--|--|
| 4.5      | Creditors Discount & A                          | Last 4 digits of account number  |   | \$ <u>470.00</u> |  |  |  |
|          | Creditor's Name                                 | When wee the debt incurred?  | 2012-2013                               |                  |  |  |  |
|          | 415 E Main St                                   | When was the debt incurred?  |   |                  |  |  |  |
|          | Number Street                                   |  |   |                  |  |  |  |
|          |   | As of the date you file, the claim is:   | Check all that apply.                   |                  |  |  |  |
|          | Streator IL 61364                               | Contingent   |   |                  |  |  |  |
|          | City State Zip Code                             | Unliquidated   |   |                  |  |  |  |
| V        | Who owes the debt? Check one.                   | Disputed   |   |                  |  |  |  |
|          | Debtor 1 only                                   |  |   |                  |  |  |  |
|          | Debtor 2 only                                   | Type of NONPRIORITY unsecured o  | laim:                                   |                  |  |  |  |
|          | Debtor 1 and Debtor 2 only                      | Student loans  |   |                  |  |  |  |
|          | At least one of the debtors and another         | Obligations arising out of a separation  |   |                  |  |  |  |
| [        | Check if this claim relates to a community debt | that you did not report as priority cla  Debts to pension or profit-sharing pl |   |                  |  |  |  |
| l:       | s the claim subject to offest?                  | Debts to pension of pront-sharing pr   | and other similar debts                 |                  |  |  |  |
|          | No  | Other. Specify Medical Debt  |   |                  |  |  |  |
|          | Yes   |  |   |                  |  |  |  |
| 4.6      | Creditors Discount & A                          | Last 4 digits of account number  | 1566                                    | \$ <u>470.00</u> |  |  |  |
|          | Creditor's Name 415 E Main St                   | When was the debt incurred?  | 2013-2013                               |                  |  |  |  |
|          | Number Street                                   | When was the debt incurred:  |   |                  |  |  |  |
|          | Namber Street                                   |  |   |                  |  |  |  |
|          |   | As of the date you file, the claim is:   | Check all that apply.                   |                  |  |  |  |
|          | Streator IL 61364                               | Contingent   |   |                  |  |  |  |
|          | City State Zip Code                             | Unliquidated Disputed  |   |                  |  |  |  |
| Y        | Who owes the debt? Check one.                   | Disputed   |   |                  |  |  |  |
|          | Debtor 1 only                                   | _  |   |                  |  |  |  |
|          | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:   |   |                  |  |  |  |
|          | Debtor 1 and Debtor 2 only                      | Student loans  Obligations arising out of a separation                         | on agreement or diverse                 |                  |  |  |  |
|          | At least one of the debtors and another         | that you did not report as priority cla  |   |                  |  |  |  |
| 1        | Check if this claim relates to a community debt | Debts to pension or profit-sharing pl  |   |                  |  |  |  |
| <u> </u> | s the claim subject to offest?                  |  | , |                  |  |  |  |
|          | No  | Other. Specify Medical Debt  |   |                  |  |  |  |
|          | Yes   |  |   | 470.00           |  |  |  |
| 4.7      | Creditors Discount & A                          | Last 4 digits of account number  | <u>4711</u>                             | \$ <u>470.00</u> |  |  |  |
|          | Creditor's Name<br>415 E Main St                | When was the debt incurred?  | 2013-2013                               |                  |  |  |  |
|          | Number Street                                   |  |   |                  |  |  |  |
|          |   | As of the data you file the claim is:  | Cheek all that apply                    |                  |  |  |  |
|          |   | As of the date you file, the claim is:  Contingent                             | Спеск ан шасарру.                       |                  |  |  |  |
|          | Streator IL 61364                               | Unliquidated   |   |                  |  |  |  |
| ١.,      | City State Zip Code                             | Disputed   |   |                  |  |  |  |
| ľ        | Vho owes the debt? Check one.                   | Біораков   |   |                  |  |  |  |
|          | Debtor 1 only  Debtor 2 only                    | Type of NONDBIODITY uncestred a  | Joins.                                  |                  |  |  |  |
|          | Debtor 1 and Debtor 2 only                      | Type of NONPRIORITY unsecured of Student loans                                 | iaiii.                                  |                  |  |  |  |
|          | At least one of the debtors and another         | Obligations arising out of a separation  | on agreement or divorce                 |                  |  |  |  |
|          | Check if this claim relates to a                | that you did not report as priority cla  | -                                       |                  |  |  |  |
| "        | community debt                                  | Debts to pension or profit-sharing pl  |   |                  |  |  |  |
| <u> </u> | s the claim subject to offest?                  | _  |   |                  |  |  |  |
|          | No  | Other. Specify Medical Debt  |   |                  |  |  |  |
|          | Yes   |  |   |                  |  |  |  |

| Debtor 1    | Harry      | Case 16-33807                  | Doc 1         | Filed 10/24/16               | Entered 10/24/16 10:20:26<br>Page 22 of 63<br>Page 22 of 63 |   |
|-------------|------------|--------------------------------|---------------|------------------------------|---|---|
|             | First Name | Middle Name                    |               | Last Name                    |   |   |
| Part 2      | Your       | NONPRIORITY Unsecured Clai     | ms - Continua | ition Page                   |   |   |
| After listi | ng any e   | ntries on this page, number tl | nem beginnir  | ng with 4.4, followed by 4.5 | 5, and so forth.  |   |
|             |            |                                |               |                              |   |   |
| 4.8         | reditors I | Discount & A                   | Las           | t 4 digits of account numbe  | r <u>8674</u>   | : |

| After lis | sting any entries on this page, number them b  | peginning with 4.4, followed by 4.5, a  | nd so forth.                   | Total Claim       |  |  |  |  |
|-----------|--|---|--------------------------------|-------------------|--|--|--|--|
| 4.8       | Creditors Discount & A                         | Last 4 digits of account number _   | 8674                           | \$ <u>470.00</u>  |  |  |  |  |
|           | Creditor's Name<br>415 E Main St               | When was the debt incurred?   | 2013-2014                      |                   |  |  |  |  |
|           | Number Street                                  | when was the dept incurred:   | <del></del>                    |                   |  |  |  |  |
|           | Trainer Street                                 | A - of the determination of the three determination to  |                                |                   |  |  |  |  |
|           |  | As of the date you file, the claim is   | : Check all that apply.        |                   |  |  |  |  |
|           | Streator IL 61364                              | Contingent  |                                |                   |  |  |  |  |
|           | City State Zip Code                            | Unliquidated  |                                |                   |  |  |  |  |
| W         | /ho owes the debt? Check one.                  | Disputed  |                                |                   |  |  |  |  |
| _         | Debtor 1 only                                  |   |                                |                   |  |  |  |  |
| L         | Debtor 2 only                                  | Type of NONPRIORITY unsecured   | claim:                         |                   |  |  |  |  |
| Ĺ         | Debtor 1 and Debtor 2 only                     | Student loans   |                                |                   |  |  |  |  |
| L         | At least one of the debtors and another        | Obligations arising out of a separat  |                                |                   |  |  |  |  |
|           | Check if this claim relates to a               | that you did not report as priority cl  |                                |                   |  |  |  |  |
|           | community debt                                 | Debts to pension or profit-sharing p  | plans, and other similar debts |                   |  |  |  |  |
| IS        | the claim subject to offest?                   | Market Bald   |                                |                   |  |  |  |  |
| F         | No<br>Yes                                      | Other. Specify Medical Debt   |                                |                   |  |  |  |  |
| 4.9       | Creditors Discount & A                         | Last 4 digits of account number _   | 9972                           | <b>\$</b> 474.00  |  |  |  |  |
| 7.5       | Creditor's Name                                |   | <del></del> _                  | •                 |  |  |  |  |
|           | 415 E Main St                                  | When was the debt incurred?   | 2011-2011                      |                   |  |  |  |  |
|           | Number Street                                  |   |                                |                   |  |  |  |  |
|           |  | As of the date you file, the claim is   | : Check all that apply         |                   |  |  |  |  |
|           |  | Contingent  | . Gross an anatoppy.           |                   |  |  |  |  |
|           | Streator IL 61364                              | Unliquidated  |                                |                   |  |  |  |  |
|           | City State Zip Code                            | Disputed  |                                |                   |  |  |  |  |
| W         | /ho owes the debt? Check one.                  | Disputed  |                                |                   |  |  |  |  |
|           | Debtor 1 only                                  |   |                                |                   |  |  |  |  |
| Ļ         | Debtor 2 only                                  | Type of NONPRIORITY unsecured   | claim:                         |                   |  |  |  |  |
| Ļ         | Debtor 1 and Debtor 2 only                     | Student loans   |                                |                   |  |  |  |  |
| L         | At least one of the debtors and another        | Obligations arising out of a separat  | -                              |                   |  |  |  |  |
|           | Check if this claim relates to a               | that you did not report as priority cl  |                                |                   |  |  |  |  |
| Is        | community debt<br>the claim subject to offest? | Debts to pension or profit-sharing p  | plans, and other similar debts |                   |  |  |  |  |
| ì         | No   | Other, Specify Medical Debt   |                                |                   |  |  |  |  |
| Ī         | Yes  | Other. Specify Medical Debt   |                                |                   |  |  |  |  |
| 1.10      | Creditors Discount & A                         | Last 4 digits of account number _   | 3812                           | <b>\$</b> _722.00 |  |  |  |  |
| 1.10      | Creditor's Name                                | _   | <del></del>                    |                   |  |  |  |  |
|           | 415 E Main St                                  | When was the debt incurred?   | 2012-2012                      |                   |  |  |  |  |
|           | Number Street                                  |   |                                |                   |  |  |  |  |
|           |  | As of the date you file, the claim is   | : Check all that apply.        |                   |  |  |  |  |
|           |  | Contingent  |                                |                   |  |  |  |  |
|           | Streator IL 61364                              | Unliquidated  |                                |                   |  |  |  |  |
| 14        | City State Zip Code                            | Disputed  |                                |                   |  |  |  |  |
| v\        | /ho owes the debt? Check one.                  |   |                                |                   |  |  |  |  |
| F         | Debtor 1 only                                  |   |                                |                   |  |  |  |  |
| Ļ         | Debtor 2 only                                  | Type of NONPRIORITY unsecured   | claim:                         |                   |  |  |  |  |
| Ļ         | Debtor 1 and Debtor 2 only                     | Student loans   | ti                             |                   |  |  |  |  |
| Ļ         | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce  |                                |                   |  |  |  |  |
| L         | Check if this claim relates to a               | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                                |                   |  |  |  |  |
| le        | community debt<br>the claim subject to offest? | Debts to pension or profit-sharing p  | Dians, and other similar dedts |                   |  |  |  |  |
|           | No   | Other. Specify Medical Debt   |                                |                   |  |  |  |  |
| Ī         | Yes  | Other. Specify Woodoor Debt   |                                |                   |  |  |  |  |
|           | _ ·  |   |                                |                   |  |  |  |  |

Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Case 16-33807 Page 23 of 63 Case Number (if known) **Document** Harry Darnell Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim \$** 741.00 Creditors Discount & A

| 4.11     | Oreators Discount & //                  | Last 4 digits of account number                                   | \$ <u>7-71.00</u> |
|----------|---|---|-------------------|
|          | Creditor's Name                         |   |                   |
|          | 415 E Main St                           | When was the debt incurred? 2012-2013                             |                   |
|          | Number Street                           |   |                   |
|          | Number Case                             |   |                   |
|          |   | As of the date you file, the claim is: Check all that apply.      |                   |
|          |   | Contingent  |                   |
|          | Streator IL 61364                       |   |                   |
|          | City State Zip Code                     | Unliquidated  |                   |
|          | Who owes the debt? Check one.           | Disputed  |                   |
|          |   | <del>-</del>  |                   |
|          | Debtor 1 only                           |   |                   |
|          | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                   |
|          | Debtor 1 and Debtor 2 only              | Student loans   |                   |
|          | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                   |
|          |   | <del></del>   |                   |
|          | Check if this claim relates to a        | that you did not report as priority claims                        |                   |
|          | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                   |
|          | Is the claim subject to offest?         |   |                   |
|          | No                                      | Other. Specify Medical Debt                                       |                   |
|          | Yes                                     | Other. Specify  |                   |
| <u> </u> | Creditors Discount & A                  | Last 4 digits of account number 0706                              | <b>\$</b> 785.00  |
| 4.12     |   | Last 4 digits of account number 0700                              | \$ 100.00         |
|          | Creditor's Name                         | 2012 2012   |                   |
|          | 415 E Main St                           | When was the debt incurred? 2013-2013                             |                   |
|          | Number Street                           |   |                   |
|          |   |   |                   |
|          |   | As of the date you file, the claim is: Check all that apply.      |                   |
|          |   | Contingent  |                   |
|          | Streator IL 61364                       | Unliquidated  |                   |
|          | City State Zip Code                     |   |                   |
|          | Who owes the debt? Check one.           | Disputed  |                   |
|          | Debtor 1 only                           |   |                   |
|          |   |   |                   |
|          | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                   |
|          | Debtor 1 and Debtor 2 only              | Student loans   |                   |
|          | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                   |
|          |   | that you did not report as priority claims                        |                   |
|          | Check if this claim relates to a        |   |                   |
|          | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                   |
|          | Is the claim subject to offest?         |   |                   |
|          | No                                      | Other. Specify Medical Debt                                       |                   |
|          | Yes                                     |   |                   |
| 4.13     | Craditors Discount 9 A                  | Last 4 digits of account number 2188                              | \$ 940.00         |
| 7.13     | Creditor's Name                         |   | :                 |
|          |   | When was the debt incurred? 2014-2014                             |                   |
|          | 415 E Main St                           | Wileli was alle dept liiculled?                                   |                   |
|          | Number Street                           |   |                   |
|          |   | As of the date you file the claim is: Check all that conty        |                   |
|          |   | As of the date you file, the claim is: Check all that apply.      |                   |
|          | Streeter II 64364                       | Contingent  |                   |
|          | Streator IL 61364                       | Unliquidated  |                   |
|          | City State Zip Code                     | Disputed  |                   |
|          | Who owes the debt? Check one.           |   |                   |
|          | Debtor 1 only                           |   |                   |
|          | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                   |
|          | =                                       |   |                   |
|          | Debtor 1 and Debtor 2 only              | ☐ Student loans   |                   |
|          | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                   |
|          | Check if this claim relates to a        | that you did not report as priority claims                        |                   |
|          | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                   |
|          | Is the claim subject to offest?         |   |                   |
|          |   | Ma Paul Dalid   |                   |
|          | No                                      | Other. Specify Medical Debt                                       |                   |
|          | Yes                                     |   |                   |

|  |            | Case 16-33807 | Doc 1 | Filed 10/24/16   | Entered 10/24/16 10:20:26            | Desc Main |  |  |
|--|------------|---------------|-------|------------------|--------------------------------------|-----------|--|--|
| Debtor 1   | Harry      | Darnell       |       | <b>Д</b> осument | Page 24 of 63 Case Number (if known) |           |  |  |
|  | First Name | Middle Name   |       | Last Name        |                                      |           |  |  |
| Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page  |            |               |       |                  |                                      |           |  |  |
| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. |            |               |       |                  |                                      |           |  |  |

| ter listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
|---|---|--------------------|
| .14 Creditors Discount & A                        | Last 4 digits of account number 3648                              | <b>\$</b> _940.00  |
| Creditor's Name                                   | 0044.0044   |                    |
| 415 E Main St                                     | When was the debt incurred? 2014-2014                             |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Streator IL 61364                                 | Unliquidated  |                    |
| City State Zip Code                               | Disputed  |                    |
| Who owes the debt? Check one.                     |   |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   | Marianal Daht   |                    |
| Yes   | Other. Specify Medical Debt                                       |                    |
| Creditors Discount & A                            | Last 4 digits of account number 2632                              | <b>\$</b> 1,335.00 |
| Creditor's Name                                   | Last 4 digits of account number                                   | <u> </u>           |
| 415 E Main St                                     | When was the debt incurred? 2011-2011                             |                    |
| Number Street                                     |   |                    |
|   | As of the date was file the alaba to Obe Lalling to a la          |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
| Streator IL 61364                                 | Contingent  |                    |
| City State Zip Code                               | Unliquidated  |                    |
| Vho owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   |   |                    |
| No  | Other. Specify Medical Debt                                       |                    |
| Yes   |   |                    |
| Creditors Discount & A                            | Last 4 digits of account number 3590                              | \$ <u>1,402.00</u> |
| Creditor's Name                                   | 2014 2014   |                    |
| 415 E Main St                                     | When was the debt incurred? 2014-2014                             |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Streator IL 61364                                 | Unliquidated  |                    |
| City State Zip Code                               | Disputed  |                    |
| Who owes the debt? Check one.                     | ☐   |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim: □                            |                    |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   | _   |                    |
| No  | Other. Specify Medical Debt                                       |                    |
| Yes   |   |                    |

Page 25 of 63 Document Harry Darnell Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them be    | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim    |
|---------|--|---|----------------|
| 4.17    | FIA Card Services, N.A.                            | Last 4 digits of account number                                   | \$ <u>0.00</u> |
|         | Creditor's Name                                    | <u> </u>  |                |
|         | 3033 Campus Drive, Suite 250                       | When was the debt incurred?                                       |                |
|         | Number Street                                      |   |                |
|         | c/o Messerli & Kramer PA                           | As of the date you file, the claim is: Check all that apply.      |                |
|         |  | Contingent  |                |
|         | Plymouth MN 55441                                  | ☐ Unliquidated  |                |
|         | City State Zip Code                                | Disputed  |                |
|         | Who owes the debt? Check one.                      |   |                |
|         | Debtor 1 only                                      |   |                |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                |
|         | Is the claim subject to offest?                    |   |                |
|         | No   | Other. Specify Credit Extended to Debtor(S)                       |                |
|         | Yes  |   | . 0.00         |
| 4.18    | Holy Cross Hospital                                | Last 4 digits of account number                                   | \$ <u>0.00</u> |
|         | Creditor's Name                                    | When you the deleter your do                                      |                |
|         | PO Box 2166  | When was the debt incurred?                                       |                |
|         | Number Street                                      |   |                |
|         |  | As of the date you file, the claim is: Check all that apply.      |                |
|         |  | Contingent  |                |
|         | Bedford Park IL 60499-2166                         | Unliquidated  |                |
|         | City State Zip Code  Who owes the debt? Check one. | Disputed  |                |
|         |  |   |                |
|         | Debtor 1 only                                      |   |                |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                |
|         | Is the claim subject to offest?                    | _   |                |
|         | No   | Other. Specify Medical/Dental Services                            |                |
|         | ☐Yes Midland Funding LLC                           |   | <b>*</b> 0.00  |
| 4.19    |  | Last 4 digits of account number                                   | \$ <u>0.00</u> |
|         | Creditor's Name<br>8875 Aero Drive, Suite 200      | When was the debt incurred?                                       |                |
|         |  |   |                |
|         | Number Street                                      |   |                |
|         | by its agent Midland Credit Management Inc.        | As of the date you file, the claim is: Check all that apply.      |                |
|         | 0. 5:  | Contingent  |                |
|         | San Diego CA 92123                                 | Unliquidated  |                |
| .       | City State Zip Code Who owes the debt? Check one.  | Disputed  |                |
|         | Debtor 1 only                                      | <del>_</del>  |                |
|         | Debtor 2 only                                      | Type of NONDRIORITY uncoured claim:                               |                |
|         | =  | Type of NONPRIORITY unsecured claim:                              |                |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                |
|         | Is the claim subject to offest?  No                | Cradit Extended to Debter/C                                       |                |
|         | Yes  | Other. Specify Credit Extended to Debtor(S)                       |                |
|         | L_1100   |   |                |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Page 26 of 63 Case Number (if known) മൂറ്റൂument Harry Darnell Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After li  | sting any entries on this page, number them be   | ginning with 4.4, followed by 4.5, and   | d so forth.                  | Total Claim      |
|-----------|--|--|------------------------------|------------------|
| 4.20      | Peoples GAS Light COKE CO                        | Last 4 digits of account number          | 9469                         | <u>\$ 178.00</u> |
|           | Creditor's Name<br>13355 Noel Rd Ste 2100        | When was the debt incurred?              | 2013-2013                    |                  |
|           | Number Street                                    | When was the dept incurred:              | <del></del>                  |                  |
|           |  | As of the date you file, the claim is:   | Check all that anniv         |                  |
|           |  | Contingent                               | oncox all that apply.        |                  |
|           | Dallas TX 75240                                  | Unliquidated                             |                              |                  |
|           | City State Zip Code                              | Disputed                                 |                              |                  |
| \ \ \ \ \ | Vho owes the debt? Check one.                    |  |                              |                  |
|           | Debtor 1 only                                    |  |                              |                  |
|           | Debtor 2 only                                    | Type of NONPRIORITY unsecured of         | aim:                         |                  |
| <u> </u>  | Debtor 1 and Debtor 2 only                       | Student loans                            |                              |                  |
| <u> </u>  | At least one of the debtors and another          | Obligations arising out of a separation  | -                            |                  |
| L         | Check if this claim relates to a                 | that you did not report as priority clai |                              |                  |
|           | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
| ľ         | No   | Collecting for Cr                        | reditor                      |                  |
| [         | Yes  | Other. Specify Collecting for Cr         | editor                       |                  |
| 4.21      | Prohealth Care Medical Associates                | Last 4 digits of account number          |                              | <b>\$</b> 0.00   |
| 7.21      | Creditor's Name                                  |  | <del></del>                  | -                |
|           | PO Box 649                                       | When was the debt incurred?              |                              |                  |
|           | Number Street                                    |  |                              |                  |
|           |  | As of the date you file, the claim is:   | Check all that apply         |                  |
|           |  | Contingent                               | Chook all that apply.        |                  |
|           | Waukesha WI 53187                                | Unliquidated                             |                              |                  |
| l         | City State Zip Code                              | Disputed                                 |                              |                  |
| Y         | Vho owes the debt? Check one.                    |  |                              |                  |
|           | Debtor 1 only                                    |  |                              |                  |
| <u> </u>  | Debtor 2 only                                    | Type of NONPRIORITY unsecured cl         | aim:                         |                  |
|           | Debtor 1 and Debtor 2 only                       | Student loans                            |                              |                  |
|           | At least one of the debtors and another          | Obligations arising out of a separation  | -                            |                  |
| [         | Check if this claim relates to a                 | that you did not report as priority clai |                              |                  |
|           | community debt s the claim subject to offest?    | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
|           | No   | Credit Extended                          | I to Dobtor(C)               |                  |
|           | Yes  | Other. Specify Credit Extended           | to Debtor(S)                 |                  |
| 4.22      | Provident Hospital of Cook Co.                   | Last 4 digits of account number          |                              | <b>\$</b> 500.00 |
| 1.22      | Creditor's Name                                  | <u> </u>                                 | <del></del>                  | <del></del>      |
|           | 500 E. 51st St.                                  | When was the debt incurred?              |                              |                  |
|           | Number Street                                    |  |                              |                  |
|           |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|           | <del></del>                                      | Contingent                               | Chook all that apply.        |                  |
|           | Chicago IL 60615                                 | Unliquidated                             |                              |                  |
|           | City State Zip Code                              | Disputed                                 |                              |                  |
| Y         | Vho owes the debt? Check one.                    | Bisputed                                 |                              |                  |
|           | Debtor 1 only                                    |  |                              |                  |
|           | Debtor 2 only                                    | Type of NONPRIORITY unsecured of         | aim:                         |                  |
| <u> </u>  | Debtor 1 and Debtor 2 only                       | Student loans                            |                              |                  |
|           | At least one of the debtors and another          | Obligations arising out of a separation  |                              |                  |
| [         | Check if this claim relates to a                 | that you did not report as priority clai |                              |                  |
| 1         | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
|           | No   | Other Specify Medical/Dental S           | Services                     |                  |
|           | Yes  | Other. Specify Medical/Dental S          |                              |                  |
|           |  |  |                              |                  |

Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Case 16-33807 Doc 1 Page 27 of 63 Case Number (if known) **Document** Harry Darnell Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4 | .23 | St. Bernard Hospital                               | Last 4 digits of account number                                   | <b>\$</b> 0.00   |
|---|-----|--|---|------------------|
| Г |     | Creditor's Name                                    |   |                  |
|   |     | 326 W. 64th St.                                    | When was the debt incurred?                                       |                  |
|   |     | Number Street                                      |   |                  |
|   |     |  | As of the date you file, the claim is: Check all that apply.      |                  |
|   |     |  | Contingent  |                  |
|   |     | Chicago IL 60621-3114                              | Unliquidated  |                  |
|   | v   | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|   | Ī   | Debtor 1 only                                      | _   |                  |
|   | Ī   | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|   | Ī   | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|   | Ė   | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|   | ř   | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|   | L   | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|   | l   | s the claim subject to offest?                     |   |                  |
|   |     | No   | Other. Specify Medical/Dental Service                             |                  |
| L |     | Yes  |   |                  |
| 4 | .24 | State Collection Servi                             | Last 4 digits of account number 5451                              | <u>\$84.00</u>   |
|   |     | Creditor's Name                                    | When was the debt incurred? 2014-2014                             |                  |
|   |     | 2509 S Stoughton Rd                                | When was the debt incurred? 2014-2014                             |                  |
|   |     | Number Street                                      |   |                  |
|   |     |  | As of the date you file, the claim is: Check all that apply.      |                  |
|   |     | Madison WI 53716                                   | Contingent  |                  |
|   |     | City State Zip Code                                | Unliquidated  |                  |
|   | ٧   | Who owes the debt? Check one.                      | Disputed  |                  |
|   |     | Debtor 1 only                                      |   |                  |
|   |     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|   |     | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|   | Ī   | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|   | Ī   | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|   |     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|   | l   | s the claim subject to offest?                     |   |                  |
|   | ļ   | No   | Other. Specify Medical Debt                                       |                  |
| Н | -   | Yes State Collection Servi                         | Last 4 digits of account number 1200                              | <b>\$</b> 124.00 |
| 4 | .25 |  | Last 4 digits of account number 1200                              | \$ 124.00        |
|   |     | Creditor's Name<br>2509 S Stoughton Rd             | When was the debt incurred? 2012-2012                             |                  |
|   |     | Number Street                                      |   |                  |
|   |     |  |   |                  |
|   |     |  | As of the date you file, the claim is: Check all that apply.      |                  |
|   |     | Madison WI 53716                                   | Contingent  |                  |
|   |     | City State Zip Code                                | Unliquidated  |                  |
|   | V   | Who owes the debt? Check one.                      | Disputed  |                  |
|   |     | Debtor 1 only                                      |   |                  |
|   | _   | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|   |     | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|   |     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|   |     | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|   |     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|   | l:  | s the claim subject to offest?  No                 | Madical Dahi  |                  |
|   | Ī   | Yes  | Other. Specify Medical Debt                                       |                  |
| - |     | ites   |   |                  |

Official Form 106E/F

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Page 28 of 63 Document Harry Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** State Collection Servi **\$** 124.00 Last 4 digits of account number \_ Creditor's Name 2013-2013 2509 S Stoughton Rd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Madison W/I 53716 Unliquidated City Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt Yes State Collection Servi **\$** 166.00 Last 4 digits of account number Creditor's Name 2014-2014 2509 S Stoughton Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply.

Contingent Madison 53716 WI Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Wells Fargo Card Services \$ 0.00 Last 4 digits of account number 4.28 Creditor's Name PO Box 6412 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Carol Stream 60197 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_Credit Extended to Debtor(S)

Record # 721113

Official Form 106E/F

Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Case 16-33807 Doc 1 Page 29 of 63
Case Number (if known) Document Harry Darnell Debtor 1 First Name \$ 0.00 Wow Cable 4.29 Last 4 digits of account number Creditor's Name Box 5715 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Carol Stream Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? Other. Specify <u>Cable Bill</u> List Others to Be Notified for a Debt That You Already Listed Part 3: 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Secretary of State On which entry in Part 1 or Part 2 list the original creditor? Name 2701 S. Dirksen Pkwy. Line \_\_1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number

Last 4 digits of account number \_\_\_\_ \_

IL 62723

State Zip Code

Springfield

City

Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Case 16-33807

Harry Debtor 1

Darnell

**Document** 

Page 30 of 63

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |   |            | Total claim         |
|-----------------------------|---|------------|---------------------|
|                             |   |            | 0.00                |
| Total claims from Part 1    | 6a. Domestic support obligations  | 6a.        | \$                  |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$0.00              |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$0.00              |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.  | 6d.        | \$0.00              |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$0.00              |
|                             |   |            |                     |
|                             |   |            | Total claim         |
| Total claims                | 6f. Student loans   | 6f.        | Total claim  \$0.00 |
| Total claims<br>from Part 2 | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. | 0.00                |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority  |            | \$0.00              |
|                             | <ul><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li><li>6h. Debts to pension or profit-sharing plans, and other</li></ul> | 6g.        | \$                  |

|       |                                   | Casa 16             | : 22207 Doc 1 [   | Filad 10/24/16               | Entor                      | ed 10/24/16 1                                  | 0:20:26                           | Desc Main                       |      |
|-------|-----------------------------------|---------------------|---|------------------------------|----------------------------|--|-----------------------------------|---------------------------------|------|
| Fi    | ll in this in                     | formation to iden   | tify your case:   |                              |                            | 1 of 63  | .0.20.20                          | 2000                            |      |
| D     | ebtor 1                           | Harry               | Darnell   | Harris                       | -                          |  |                                   |                                 |      |
| n     | ebtor 2                           | First Name          | Middle Name   | Last Name                    |                            |  |                                   |                                 |      |
|       | pouse, if filing)                 | First Name          | Middle Name   | Last Name                    | -                          |  |                                   |                                 |      |
| U     | nited States                      | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of _                             |                              |                            |  |                                   |                                 |      |
|       | ase Number<br>f known)            |                     |   | (State)                      |                            |  |                                   | Check if this is amended filing |      |
| Off   | icial F                           | orm 106G            |   |                              |                            |  |                                   |                                 |      |
| Scł   | nedule                            | G: Execut           | ory Contracts and   | Unexpired Lea                | ses                        |  |                                   |                                 | 12/1 |
| nfori | mation. If n                      | nore space is nee   | possible. If two married people<br>eded, copy the additional page | , fill it out, number the e  | h are equal<br>ntries, and | ly responsible for sup attach it to this page. | plying correct<br>On the top of a | iny                             |      |
|       |                                   | · -                 | ne and case number (if known)<br>contracts or unexpired leases    |                              |                            |  |                                   |                                 |      |
| 1. [  | _                                 | -                   | submit this form to the court with                                |                              | ou have no                 | thing else to report on t                      | this form                         |                                 |      |
| [     | _                                 |                     | mation below even if the contrac                                  |                              |                            |  |                                   |                                 |      |
|       |                                   |                     |   |                              |                            |  |                                   |                                 |      |
|       |                                   |                     | or company with whom you ha                                       |                              |                            |  |                                   |                                 |      |
|       | <b>xampie, re</b><br>inexpired le |                     | cell phone). See the instruction                                  | is for this form in the inst | ruction boo                | kiet for more examples                         | of executory co                   | ontracts and                    |      |
|       | Person or                         | company with w      | hom you have the contract or l                                    | ease                         |                            | State what the c                               | ontract or lease                  | e is for                        |      |
| 2.1   | ]                                 |                     |   |                              |                            |  |                                   |                                 |      |
|       | Name                              |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Number                            | Street              |   |                              | _                          |  |                                   |                                 |      |
|       | City                              |                     | State Zip   | Code                         | _                          |  |                                   |                                 |      |
| 2.2   |                                   |                     |   |                              |                            |  |                                   |                                 |      |
|       | Name                              |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Number                            | Street              |   |                              | _                          |  |                                   |                                 |      |
|       | City                              |                     | State Zip   | Code                         | -                          |  |                                   |                                 |      |
| 2.3   |                                   |                     |   |                              |                            |  |                                   |                                 |      |
|       | Name                              |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Number                            | Street              |   |                              | _                          |  |                                   |                                 |      |
|       | City                              |                     | State Zip   | Code                         | _                          |  |                                   |                                 |      |
|       |                                   |                     |   |                              |                            |  |                                   |                                 |      |
| 2.4   |                                   |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Name                              |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Number                            | Street              |   |                              |                            |  |                                   |                                 |      |
|       | City                              |                     | State Zip   | Code                         | _                          |  |                                   |                                 |      |
| 2.5   |                                   |                     |   |                              |                            |  |                                   |                                 |      |
|       | Name                              |                     |   |                              | _                          |  |                                   |                                 |      |
|       | Number                            | Street              |   |                              | _                          |  |                                   |                                 |      |
|       |                                   |                     |   |                              |                            |  |                                   |                                 |      |

City

Official Form 106G

State Zip Code

| Fill in this in     | formation to ide | entify your case:                       |                 |
|---------------------|------------------|---|-----------------|
| Debtor 1            | Harry            | Darnell                                 | Harris          |
|                     | First Name       | Middle Name                             | Last Name       |
| Debtor 2            |                  |   |                 |
| (Spouse, if filing) | First Name       | Middle Name                             | Last Name       |
| United States       | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                |   | (State)         |
| (If known)          |                  |   |                 |

## Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question

| any Additional Pages, write your name and case number (if known). Answer every question. |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| 1. <b>D</b> (  | 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)   |  |  |  |  |  |  |  |
|  | □ No.  |  |  |  |  |  |  |  |
|  | Yes  |  |  |  |  |  |  |  |
|  | ithin the last 8 years, have you lived in a community property state or territo izona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, \   |  |  |  |  |  |  |  |
|  | No. Go to line 3.  |  |  |  |  |  |  |  |
|  | Yes. Did your spouse, former spouse, or legal equivalent live with you at the  | e time?  |  |  |  |  |  |  |
|  | Yes. Inwhich community state or territory did you live?  | . Fill in the name and current address of that person.   |  |  |  |  |  |  |
|  | <u> </u>   | ·  |  |  |  |  |  |  |
|  | Name of your spouse, former spouse or legal equivalent   |  |  |  |  |  |  |  |
|  | Number Street  |  |  |  |  |  |  |  |
|  | City State   | Zip Code   |  |  |  |  |  |  |
| 3. <b>In</b>   | Column 1, list all of your codebtors. Do not include your spouse as a codeb  | ebtor if your spouse is filing with you. List the person |  |  |  |  |  |  |
| S  | own in line 2 again as a codebtor only if that person is a guarantor or cosign<br>chedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule E/F, or Schedule G to fill out Column 2.  **Column 1: Your codebtor** | -  |  |  |  |  |  |  |
| 3.1  | Paulina Peake  | Schedule D, line1  |  |  |  |  |  |  |
|  | Name   | _  |  |  |  |  |  |  |
|  | 1841 W Marquette Road HSE  | Schedule E/F, line                                       |  |  |  |  |  |  |
|  | Number Street Chicago IL 6   | 60636 Schedule G, line                                   |  |  |  |  |  |  |
|  | - <del></del>  | Zip Code   |  |  |  |  |  |  |
| 3.2  |  | Schedule D, line   |  |  |  |  |  |  |
|  | Name   | Schedule E/F, line                                       |  |  |  |  |  |  |
|  | Number Street  | Schedule G, line   |  |  |  |  |  |  |
|  | City State Z   | Zip Code   |  |  |  |  |  |  |
| 3.3  |  | Schedule D, line   |  |  |  |  |  |  |
|  | Name   | Schedule E/F, line                                       |  |  |  |  |  |  |
|  | Number Street  | Schedule G, line   |  |  |  |  |  |  |
|  | City State 2   | Zip Code   |  |  |  |  |  |  |

Official Form 106H Record # 721113 Schedule H: Your Codebtors Page 1 of 1

| Fill in this ir          | nformation to ident  | tify your case:                  |                   |  |
|--------------------------|----------------------|----------------------------------|-------------------|--|
| Debtor 1                 | Harry<br>First Name  | Darnell  Middle Name             | Harris  Last Name |  |
| Debtor 2                 | riist Name           | wildlie Name                     | Last Name         |  |
| (Spouse, if filing)      | First Name           | Middle Name                      | Last Name         |  |
| United States            | Bankruptcy Court for | the : <u>NORTHERN DISTRICT C</u> | DF ILLINOIS       |  |
| Case Numbe<br>(If known) | r                    |                                  |                   |  |
|                          |                      |                                  |                   |  |

Official Form 106I

MM / DD / YYYY

# **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment  |  |                            |              |                                   |  |
|----|--|--|----------------------------|--------------|-----------------------------------|--|
| 1. | Fill in your employment information  |  | Debtor 1                   |              | Debtor 2 or non-filing spouse     |  |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status  | X Employed Not employed    |              | Employed  Not employed            |  |
|    | Include part-time, seasonal, or self-employed work.  | Occupation   | Labor                      |              | Admin                             |  |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name   | Pro-Troop LLC              |              | Provident Hospital                |  |
|    |  | Employers address  | 1506 N. Throop             | _            | 500 E 51st                        |  |
|    |  |  | Chicago, IL 60642          |              | Chicago, IL 60615                 |  |
|    |  |  |                            |              |                                   |  |
|    |  | How long employed there?   | Over Six Months            |              | Over Nine Years                   |  |
| Pa | rt 2: Give Details About Month   | ly Income  |                            |              |                                   |  |
|    | spouse unless you are separated.   | ve more than one employer, comb  | oine the information for a |              |                                   |  |
|    |  |  |                            | For Debtor 1 | For Debtor 2 or non-filing spouse |  |
| 2. |  | ry and commissions (before all pa<br>calculate what the monthly wage w | •                          | \$1,438.58   | \$2,452.67                        |  |
| 3. | Estimate and list monthly overti   | me pay.  |                            | \$0.00       | \$0.00                            |  |
| 4. | Calculate gross income. Add line   | e 2 + line 3.  |                            | \$1,438.58   | \$2,452.67                        |  |
|    |  |  |                            |              |                                   |  |

Official Form 106I Record # 721113 Schedule I: Your Income Page 1 of 2

Case 16-33807 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Doc 1 Page 34 of 63

Document Harry Darnell Debtor 1 Case Number (if known)

Last Name

First Name

Middle Name

|                                |                        |   |               | For Debtor 1 | For Debtor 2 or non-filing spouse |                       |
|--------------------------------|------------------------|---|---------------|--------------|-----------------------------------|-----------------------|
|                                | Copy                   | y line 4 here   | 4.            | \$1,438.58   | \$2,452.67                        |                       |
| 5. <b>L</b> i                  |                        | payroll deductions:   |               |              |                                   |                       |
|                                |                        | ax, Medicare, and Social Security deductions  | 5a.<br>       | \$347.32     | \$415.78                          |                       |
|                                |                        | Mandatory contributions for retirement plans  | 5b.<br>—      | \$0.00       | \$0.00                            |                       |
|                                | 5c. <b>V</b>           | oluntary contributions for retirement plans   | 5c.<br>—      | \$0.00       | \$0.00                            |                       |
|                                |                        | Required repayments of retirement fund loans  | 5d.<br>       | \$0.00       | \$0.00                            |                       |
|                                |                        | nsurance  | 5e.           | \$0.00       | \$0.00                            |                       |
|                                |                        | Omestic support obligations   | 5f.<br>       | \$0.00       | \$0.00                            |                       |
|                                | -                      | Inion dues  | 5g.<br>—      | \$0.00       | \$129.65                          |                       |
| 5h. Other deductions. Specify: |                        |   | 5h.<br>—      | \$0.00       | \$0.00                            |                       |
|                                |                        | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.            | \$347.32     | \$545.44                          |                       |
|                                |                        | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.            | \$1,091.26   | \$1,907.23                        |                       |
| 8. <b>Li</b> s                 |                        | other income regularly received:  |               |              |                                   |                       |
|                                | 8a.                    | Net income from rental property and from operating a business,  |               |              |                                   |                       |
|                                |                        | profession, or farm   |               |              |                                   |                       |
|                                |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |               |              |                                   |                       |
|                                |                        | monthly net income.   | 8a.           | \$0.00       | \$0.00                            |                       |
|                                | 8b.                    | Interest and dividends  | 8b.           | \$0.00       | \$0.00                            |                       |
|                                | 8c.                    | Family support payments that you, a non-filing spouse, or a   | 8c.           | \$ 0.00      | \$ 0.00                           |                       |
|                                |                        | dependent regularly receive   |               |              |                                   |                       |
|                                |                        | Include alimony, spousal support, child support, maintenance, divorce   |               |              |                                   |                       |
|                                |                        | settlement, and property settlement.  |               |              |                                   |                       |
|                                | 8d.                    | Unemployment compensation   | 8d.           | \$0.00       | \$0.00                            |                       |
|                                | 8e.                    | Social Security   | 8e.<br>       | \$0.00       | \$0.00                            |                       |
|                                | 8f.                    | Other government assistance that you regularly receive  | 8f.           | \$0.00       | \$0.00                            |                       |
|                                |                        | Include cash assistance and the value (if known) of any non-cash  |               |              |                                   |                       |
|                                |                        | assistance that you receive, such as food stamps (benefits under the  |               |              |                                   |                       |
|                                |                        | Supplemental Nutrition Assistance Program) or housing subsidies.  |               |              |                                   |                       |
|                                | 0~                     | Specify:  | 0             | <b>#0.00</b> | <b>#0.00</b>                      |                       |
|                                | 8g.                    | Pension or retirement income  | 8g.<br>       | \$0.00       | \$0.00                            |                       |
| •                              | 8h.                    | Other monthly income. Specify:  | 8h.<br>—      | \$0.00       | \$0.00                            |                       |
| 9.                             | Add                    | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9             | \$0.00       | \$0.00                            |                       |
| 10.                            | Calc                   | ulate monthly income. Add line 7 + line 9.  | 10.           | \$1,091.26 + | \$1,907.23                        | \$2,998.49            |
|                                | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | L             | Ψ1,001.20    | Ψ1,507.25                         | Ψ2,330.43             |
| 11.                            | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent |              | Schedule J.                       | 11\$0.00              |
| 12.                            |                        | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Ce  |               | •            | applies                           | 12. <b>\$2,998.49</b> |
| 13.                            |                        | ou expect an increase or decrease within the year after you file this form  |               | ,            | •                                 | <u> </u>              |
|                                | x I                    |   |               |              |                                   |                       |

| Fill in this ir                 | nformation to identify you                | ur case:                    |                             |  |  |                       |
|---------------------------------|---|-----------------------------|-----------------------------|--|--|-----------------------|
| Debtor 1                        | Harry                                     | Darnell                     | Harris                      | Check if this is   | :  |                       |
|                                 | First Name                                | Middle Name                 | Last Name                   | An amend   | Ū  |                       |
| Debtor 2<br>(Spouse, if filing) | First Name                                | Middle Name                 | Last Name                   |  | nent showing pos<br>s of the following o | t-petition chapter 13 |
| United States                   | Bankruptcy Court for the : _              | NORTHERN DISTRICT (         | DF ILLINOIS                 |  |  | 24.0.                 |
| Case Numbe<br>(If known)        | r   |                             | _                           | MM / DD  | / YYYY                                   |                       |
| Official F                      | orm 106J                                  |                             |                             |  | -  | 2 because Debtor 2    |
|                                 |   |                             |                             | maintains  | a separate house                         | enola.                |
|                                 | le J: Your Exp                            |                             |                             |  |  | 12/14                 |
| -                               |   |                             |                             | are equally responsible for supply ages, write your name and case nu | -  |                       |
| Part 1:                         | Describe Your Household                   |                             |                             |  |  |                       |
| 1. Is this a jo                 | int case?                                 |                             |                             |  |  |                       |
|                                 | Go to line 2.                             |                             |                             |  |  |                       |
| Yes.                            | Does Debtor 2 live in a s                 | eparate household?          |                             |  |  |                       |
|                                 | No. Yes. Debtor 2 must                    | t file a separate Schedu    | le J.                       |  |  |                       |
|                                 |   | <u>_</u>                    |                             |  |  |                       |
| 2. Do you                       | have dependents?                          | X No                        |                             | Dependent's relationship to<br>Debtor 1 or Debtor 2                  | Dependent's                              | Does dependent live   |
| Do not li<br>Debtor 2           | st Debtor 1 and                           |                             | this information for dent   | Deptor 1 or Deptor 2   | age                                      | with you?             |
|                                 |   | each depen                  | uen                         |  |  | Yes                   |
| names.                          | tate the dependents'                      |                             |                             |  |  | X No                  |
|                                 |   |                             |                             |  |  | Yes                   |
|                                 |   |                             |                             |  |  | X No                  |
|                                 |   |                             |                             |  |  | Yes                   |
|                                 |   |                             |                             |  |  | X No                  |
|                                 |   |                             |                             |  |  | Yes                   |
|                                 |   |                             |                             |  |  | X No                  |
|                                 |   |                             |                             |  |  | Yes                   |
| _                               | expenses include es of people other than  | X No                        |                             |  |  |                       |
|                                 | and your dependents?                      | Yes                         |                             |  |  |                       |
| Part 2:                         | Estimate Your Ongoing Mo                  | nthly Expenses              |                             |  |  |                       |
| _                               |   | · · ·                       |                             | m as a supplement in a Chapter 13                                    |  |                       |
| the applicable                  |   | ptcy is filed. If this is a | supplemental Schedule J     | I, check the box at the top of the fo                                | orm and fill in                          |                       |
|                                 | •   | _                           | nce if you know the value   |  |  | Your expenses         |
| of such assist                  | ance and nave included                    | it on Schedule I: Your      | Income (Official Form 106   | n.)  |  | Tour expenses         |
|                                 | ·   | xpenses for your resid      | ence. Include first mortgag | ge payments and  | 4.                                       | \$800.00              |
| _                               | for the ground or lot.  cluded in line 4: |                             |                             |  | 4.                                       | Ψ000.00               |
| 4a. Re                          | eal estate taxes                          |                             |                             |  | 4a.                                      | \$0.00                |
|                                 | operty, homeowner's, or r                 | enter's insurance           |                             |  | 4b.                                      | \$0.00                |
|                                 | ome maintenance, repair,                  |                             |                             |  | 4c.                                      | \$50.00               |
|                                 | omeowner's association o                  |                             |                             |  | 4d.                                      | \$0.00                |
|                                 |   |                             |                             |  |  |                       |

Schedule J: Your Expenses

Debtor 1 Harry Darnell Document Harris Page 36 of 63

Case Number (if known) \_\_\_\_\_

|     |   |      | Your expens | es       |  |  |  |
|-----|---|------|-------------|----------|--|--|--|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |             | \$0.00   |  |  |  |
| 6.  | Utilities:  |      |             |          |  |  |  |
|     | 6a. Electricity, heat, natural gas  | 6a.  |             | \$350.00 |  |  |  |
|     | 6b. Water, sewer, garbage collection  | 6b.  |             | \$0.00   |  |  |  |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |             | \$100.00 |  |  |  |
|     | 6d. Other. Specify:   | 6d.  | \$          | 0.00     |  |  |  |
| 7.  | Food and housekeeping supplies  | 7.   |             | \$500.00 |  |  |  |
| 8.  | Childcare and children's education costs  | 8.   |             | \$0.00   |  |  |  |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   |             | \$115.00 |  |  |  |
| 10. | Personal care products and services   | 10.  |             | \$30.00  |  |  |  |
| 11. | Medical and dental expenses   | 11.  |             | \$75.00  |  |  |  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.     | 12.  |             | \$322.50 |  |  |  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |             | \$0.00   |  |  |  |
| 14. | Charitable contributions and religious donations  | 14.  |             | \$0.00   |  |  |  |
| 15. | Insurance.  |      |             |          |  |  |  |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |             |          |  |  |  |
|     | 15a. Life insurance   | 15a. |             | \$0.00   |  |  |  |
|     | 15b. Health insurance   | 15b. |             | \$0.00   |  |  |  |
|     | 15c. Vehicle insurance  | 15c. |             | \$150.00 |  |  |  |
|     | 15d. Other insurance. Specify:  | 15d. |             | \$0.0    |  |  |  |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |             |          |  |  |  |
|     | Specify:  | 16.  |             | \$0.0    |  |  |  |
| 17. | Installment or lease payments:  |      |             |          |  |  |  |
|     | 17a. Car payments for Vehicle 1   | 17a. |             | \$0.0    |  |  |  |
|     | 17b. Car payments for Vehicle 2   | 17b. |             | \$0.0    |  |  |  |
|     | 17c. Other. Specify:  | 17c. |             | \$0.0    |  |  |  |
|     | 17d. Other. Specify:  | 17d. |             | \$0.0    |  |  |  |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |             |          |  |  |  |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |             | \$0.0    |  |  |  |
| 19. | Other payments you make to support others who do not live with you.                                   |      |             |          |  |  |  |
|     | Specify:  | 19.  |             | \$0.0    |  |  |  |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |             |          |  |  |  |
|     | 20a. Mortgages on other property  | 20a. |             | \$ 0.0   |  |  |  |
|     | 20b. Real estate taxes  | 20b. | \$          | 0.0      |  |  |  |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$          | 0.0      |  |  |  |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$          | 0.0      |  |  |  |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$          | 0.00     |  |  |  |

 Official Form 106J
 Record #
 721113
 Schedule J: Your Expenses
 Page 2 of 3

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 37 of 63 Case Number (if known)

| Deptor | 1 I I I I I | Daniell  | Tiditio                           | Case Number (If known) |               |            |
|--------|-------------|--|-----------------------------------|------------------------|---------------|------------|
|        | First Na    | me Middle Name   | Last Name                         |                        |               |            |
| 21.    | Other. S    | Specify: Postage/Bank Fees (\$5.00),   |                                   | _                      | 21.           | \$5.00     |
| 22     |             | <b>nthly expense:</b> Add lines 4 through 21. It is your monthly expenses.               |                                   |                        | 22.           | \$2,497.50 |
| 23.    | Calculate   | e your monthly net income.   |                                   |                        |               |            |
|        | 23a.        | Copy line 12 (your comibined monthly in  | ncome) from Schedule I.           |                        | 23a.          | \$2,998.49 |
|        | 23b.        | Copy your monthly expenses from line 2   | 22 above.                         |                        | 23b. <b>–</b> | \$2,497.50 |
|        | 23c.        | Subtract your monthly expenses from your monthly net income.                             | our monthly income.               |                        | 23c.          | \$500.99   |
|        |             |  |                                   |                        |               |            |
| 24.    | Do you e    | expect an increase or decrease in your ex  | openses within the year after you | ifile this form?       |               |            |
|        |             | nple, do you expect to finish paying for you<br>e payment to increase or decrease becaus |                                   |                        |               |            |
|        | X No        |  |                                   | year mongage.          |               |            |
|        |             | . — Схріані і іеге.  |                                   |                        |               |            |
|        |             |  |                                   |                        |               |            |
|        |             |  |                                   |                        |               |            |
|        |             |  |                                   |                        |               |            |

 Official Form 106J
 Record #
 721113
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this in           | formation to iden    | tify your case:                     |                              |
|---------------------------|----------------------|-------------------------------------|------------------------------|
| Debtor 1                  | Harry                | Darnell                             | Harris                       |
|                           | First Name           | Middle Name                         | Last Name                    |
| Debtor 2                  |                      |                                     |                              |
| (Spouse, if filing)       | First Name           | Middle Name                         | Last Name                    |
| United States             | Bankruptcy Court for | r the : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u><br>(State) |
| Case Number<br>(If known) | r                    |                                     |                              |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |
| No  |   |  |  |  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| Under negative of perjury. I declare that I have read   | the summary and schedules filed with this declaration and that they are true and              |  |  |  |  |  |  |  |
| correct.  | and summary and selectures med with ans declaration and that they are true and                |  |  |  |  |  |  |  |
| ★ /s/ Harry Darnell Harris  | <b>x</b>  |  |  |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
| Date _10/21/2016  | Date  |  |  |  |  |  |  |  |
| MM / DD / YYYY  | MM / DD / YYYY  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 39 of 63

| Fill in this in           | formation to ide    | entify your case:                        |                      |
|---------------------------|---------------------|--|----------------------|
| Debtor 1                  | Harry<br>First Name | Darnell  Middle Name                     | Harris  Last Name    |
| Debtor 2                  |                     |  |                      |
| (Spouse, if filing)       | First Name          | Middle Name                              | Last Name            |
| United States             | Bankruptcy Court    | for the : <u>NORTHERN</u> District of _I | ILLINOIS_<br>(State) |
| Case Number<br>(If known) | •                   |  | (otate)              |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | number (if known). Answer every question.                                    |   |   |                               |  |  |  |  |  |
|-----|--|---|---|-------------------------------|--|--|--|--|--|
|     | ar. 1: Give Details About Your Marital Status and Where Yo                   | I board Badana                          |   |                               |  |  |  |  |  |
|     | What is your current marital status?   | u Livea Before                          |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     | Married  |   |   |                               |  |  |  |  |  |
|     | Not married  |   |   |                               |  |  |  |  |  |
| 02  | During the last 3 years, have you lived anywhere other tha                   | n where you live nov                    | w?  |                               |  |  |  |  |  |
|     | No.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                               |  |  |  |  |  |
|     | Yes. List all of the places you lived in the last 3 years. Do                | not include where ye                    | ou live now.                                      |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     | Debtor 1   | Dates Debtor 1<br>lived there           | Debtor 2:   | Dates Debtor 2<br>lived there |  |  |  |  |  |
| 03  | Within the last 8 years, did you ever live with a spouse or I                |   | community property state or territory? (Community | nved there                    |  |  |  |  |  |
|     | property states and territories include Arizona, California, and Wisconsin.) |   |   |                               |  |  |  |  |  |
|     | No.  |   |   |                               |  |  |  |  |  |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (                     | Official Form 106H).                    |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     | ar 22 Explain the Sources of Your Income                                     |   |   |                               |  |  |  |  |  |
|     | Explain the doubtes of four medite   |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |
|     |  |   |   |                               |  |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 40 of 63

Debtor 1 Harry Darnell Harris Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, 5,888.70 Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 41 of 63

| ebtor | 1 Harry  | Darnell   | Harris               |                          | Case Number (if known) _    |                            |  |  |  |  |  |  |
|-------|--|---|----------------------|--------------------------|-----------------------------|----------------------------|--|--|--|--|--|--|
|       | First Name   | Middle Name   | Last Name            |                          |                             |                            |  |  |  |  |  |  |
| 06    | Are either Debtor 1's or De  | btor 2's debts primarily co   | onsumer debts?       |                          |                             |                            |  |  |  |  |  |  |
|       | ☐ No. Neither Debtor 1 n   | No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  | ividual primarily for a person  |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Ť  | before you filed for bankru   |                      |                          | 25* or more?                |                            |  |  |  |  |  |  |
|       | No. Go to line   | 7.  |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Yes. List below  | Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the          |                      |                          |                             |                            |  |  |  |  |  |  |
|       | total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Yes. <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?                           |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | ☐ No. Go to line   | •   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Vac Liethalau  |   |                      | 2 d db - d-d-l -         |                             |                            |  |  |  |  |  |  |
|       |  | v each creditor to whom you<br>of include payments for dom  |                      |                          |                             |                            |  |  |  |  |  |  |
|       | alimony. Also,   | do not include payments to  | an attorney for this | bankruptcy case.         |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   | Dates of payments    | Total amount paid        | Amount you still            | owe Was this payment for   |  |  |  |  |  |  |
|       | Capital ON   | IE AUTO Finan 3901  | Monthly              | \$ 1,149                 | \$ 13,187                   | Mortgage                   |  |  |  |  |  |  |
|       | Dallas Pkv   | y Plano TX 75093  |                      |                          |                             | Car                        |  |  |  |  |  |  |
|       |  |   |                      |                          |                             | Credit card                |  |  |  |  |  |  |
|       |  |   |                      |                          |                             | Loan repayment             |  |  |  |  |  |  |
|       |  |   |                      |                          |                             | Suppliers or vendors Other |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
| 07 ١  | Within 1 year before you file  | d for bankruptcy, did you m   | ake a payment on a   | a debt you owed anyone   | who was an insider?         |                            |  |  |  |  |  |  |
|       | Insiders include your relative corporations of which you a   |   | , ,                  |                          | , ,                         | •                          |  |  |  |  |  |  |
| á     | agent, including one for a bi<br>such as child support and a   | usiness you operate as a so   |                      |                          |                             | , , ,                      |  |  |  |  |  |  |
|       | No.  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Yes. List all payments to  | an insider.   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   | Dates of payment     | Total amount paid        | Amount you still owe        | Reason for this payment    |  |  |  |  |  |  |
| 08 \  | Within 1 year before you file  | d for bankruptcy, did you m   | nake any payments o  | or transfer any property | on account of a debt that I | penefited                  |  |  |  |  |  |  |
|       | an insider?<br>Include payments on debts   | guaranteed or cosigned by   | an insider.          |                          |                             |                            |  |  |  |  |  |  |
|       | No.  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       | Yes. List all payments to  | an insider.   | Dates of             | Total amount             | Amount you still            | Reason for this payment    |  |  |  |  |  |  |
|       |  |   | payment              | paid                     | owe                         | Include creditor's name    |  |  |  |  |  |  |
| Pa    | Identify Legal action  | ns, Repossessions, and Fore   | eclosures            |                          |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |
|       |  |   |                      |                          |                             |                            |  |  |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 42 of 63

| eptor | гі папу  | Dameii   | Пань  | Case Number (If Kno                 | own)                     |   |
|-------|--|--|---|-------------------------------------|--------------------------|---|
|       | First Name   | Middle Name  | Last Name   |                                     |                          |   |
|       |  | uding personal injury cases,                                 | ou a party in any lawsuit, court act<br>small claims actions, divorces, co                      |                                     |                          |   |
|       | Yes. Fill in the details                               |  |   |                                     |                          |   |
|       | _  |  | Nature of the case  | Court or agency                     |                          | Status of the case                          |
|       | Within 1 year before you<br>Check all that apply and t |  | y of your property repossessed, fo  |                                     | eized, or levied?        |   |
|       | No. Go to line 11                                      |  |   |                                     |                          |   |
|       | Yes. Fill in the information                           | ation below.   |   |                                     |                          |   |
|       |  | ou filed for bankruptcy, did<br>ment because you owed a c    | l any creditor, including a bank o<br>debt?   | r financial institution, set off an | y amounts from y         | our accounts                                |
|       | No. Go to line 11                                      |  |   |                                     |                          |   |
|       | Yes. Fill in the information                           | ation below.   |   |                                     |                          |   |
|       |  | filed for bankruptcy, was a<br>r, a custodian, or another of | any of your property in the possofficial?   | ession of an assignee for the be    | enefit of creditors,     | a   |
| į     | Yes.   |  |   |                                     |                          |   |
| Pa    | List Certain Gifts                                     | and Contributions  |   |                                     |                          |   |
| 13    | Within 2 years before yo                               | u filed for bankruptcy, did                                  | you give any gifts with a total va  | lue of more than \$600 per perso    | on?                      |   |
|       | No.  |  |   |                                     |                          |   |
|       | Yes. Fill in the details                               | for each gift.   |   |                                     |                          |   |
|       | <b>—</b>   | -  | you give any gifts or contribution  | ns with a total value of more tha   | an \$600 to any ch       | arity?                                      |
|       | _  |  | you give any give or commount   |                                     | ,                        | , .   |
|       | No.  |  |   |                                     |                          |   |
|       | Yes. Fill in the details                               | for each gift.   |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |
| ŀ€    | List Certain Loss                                      | es   |   |                                     |                          |   |
|       | Within 1 year before you gambling?                     | filed for bankruptcy or sin                                  | nce you filed for bankruptcy, did   | you lose anything because of th     | heft, fire, other dis    | easter, or                                  |
|       | No.  |  |   |                                     |                          |   |
|       | Yes. Fill in the details                               | for each gift.   |   |                                     |                          |   |
| Pa    | List Certain Payr                                      | ments or Transfers   |   |                                     |                          |   |
| 16    | Mithin 4 year hefers you                               | filed for bonker, did  | vers on anyone also setten on vers  | u bahalf nav au tuanafau any nua    |                          |   |
|       | consulted about seeking                                | bankruptcy or preparing a                                    | rou or anyone else acting on you<br>a bankruptcy petition?<br>ers, or credit counseling agencie |                                     |                          | ou  |
|       | ☐ No.  |  |   |                                     |                          |   |
|       | Yes. Fill in the details                               |  |   |                                     |                          |   |
|       | Party Contact Info                                     |  | Description and value of any  | property transferred                | Date payment or transfer | Amount of payment                           |
|       | Geraci Law L.L.C.                                      |  |   |                                     |                          | Payment/Value:                              |
|       | 55 E. Monroe Street                                    | t #3400  |   |                                     |                          | \$4,000.00: \$0.00<br>paid prior to filing, |
|       | Chicago,IL 60603                                       |  |   |                                     |                          | balance to be paid<br>through the plan.     |
|       |  |  |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |
|       |  |  |   |                                     |                          |   |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Page 43 of 63 Document Harry Darnell Harris Case Number (if known) Debtor 1 First Name Middle Name Last Name **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2016 \$25.00 115 N. Cross St Robinson, IL 62454 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, instrument closing or transfer or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still

Part 9:

**Identify Property You Hold or Control for Someone Else** 

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 44 of 63

| ebtor | 1          | Harry   | Darnell        | Harris  | Case Number (if known)                      |                    |  |  |  |  |
|-------|------------|---|----------------|---|---|--------------------|--|--|--|--|
|       |            | First Name  | Middle Name    | Last Name   | ,     |                    |  |  |  |  |
|       |            | ou hold or control any pro<br>omeone.                       | perty that so  | meone else owns? Include any property   | you borrowed from, are storing for, or ho   | ld in trust        |  |  |  |  |
|       | N N        |   |                |   |   |                    |  |  |  |  |
|       | ЦY         | es. Fill in the details.                                    |                | Where is the property?  | Describe the property                       | Value              |  |  |  |  |
| Par   | rt 10:     | Give Details About Envi                                     | ronmental Inf  | ormation  |   |                    |  |  |  |  |
|       |            | urpose of Part 10, the follo                                | owing definiti | ione anniv  |   |                    |  |  |  |  |
| ■ E   |            |   |                |   |   |                    |  |  |  |  |
|       |            | neans any location, facility<br>sed to own, operate, or ut  |                | -   | , whether you now own, operate, or utilize  | •                  |  |  |  |  |
|       |            | =   | _              | ronmental law defines as a hazardous wa<br>ontaminant, or similar term.                       | aste, hazardous substance, toxic            |                    |  |  |  |  |
| Repo  | ort all    | l notices, releases, and pr                                 | oceedings th   | at you know about, regardless of when t   | hey occurred.                               |                    |  |  |  |  |
| 24    | Has a      | any governmental unit no                                    | tified you tha | t you may be liable or potentially liable u   | nder or in violation of an environmental la | w?                 |  |  |  |  |
|       | ■ N<br>□ Y | lo.<br>'es. Fill in the details.                            | -              |   |   |                    |  |  |  |  |
|       | _          |   |                | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |  |  |
| 25    | Have       | you notified any governn                                    | nental unit of | any release of hazardous material?  |   |                    |  |  |  |  |
|       | N          |   |                | ·   |   |                    |  |  |  |  |
|       |            |   |                | Governmental unit   | Environmental law, if you know it           | Date of notice     |  |  |  |  |
| 26    | Have       | you been a party in any j                                   | udicial or adr | ninistrative proceeding under any enviro  | nmental law? Include settlements and ord    | lers.              |  |  |  |  |
|       | N          | lo.   |                |   |   |                    |  |  |  |  |
|       | ΠY         | es. Fill in the details.                                    |                |   |   |                    |  |  |  |  |
|       |            |   |                | Court or agency   | Nature of the case                          | Status of the case |  |  |  |  |
|       |            | Give Details About You                                      | Pusiness or (  | Connections to Any Business   |   |                    |  |  |  |  |
|       | t 11:      |   |                | · ·   |   |                    |  |  |  |  |
| 27    | _          | _   |                |   | of the following connections to any busin   | ess?               |  |  |  |  |
|       | _          |   |                | n a trade, profession, or other activity, eit<br>any (LLC) or limited liability partnership ( | •   |                    |  |  |  |  |
|       |            | A member of a limited in A partnersh                        | -              | any (LLC) or illinited hability partnership (   | LLP)  |                    |  |  |  |  |
|       |            | An officer, director, or r                                  | -              | ocutive of a corporation  |   |                    |  |  |  |  |
|       |            |   |                | g or equity securities of a corporation   |   |                    |  |  |  |  |
|       | =          | lo. None of the above appli<br>es. Check all that apply ab  |                | rt 12. the details below for each business.   |   |                    |  |  |  |  |
|       |            |   |                |   |   |                    |  |  |  |  |
|       |            | in 2 years before you filed<br>autions, creditors, or other | -              | cy, did you give a financial statement to   | anyone about your business? Include all     | financial          |  |  |  |  |
|       | N          | lo.   |                |   |   |                    |  |  |  |  |
|       | ΠY         | es. Fill in the details.                                    |                | Date issued   |   |                    |  |  |  |  |
|       |            |   |                |   |   |                    |  |  |  |  |
|       |            |   |                |   |   |                    |  |  |  |  |
|       |            |   |                |   |   |                    |  |  |  |  |
|       |            |   |                |   |   |                    |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 45 of 63

 ebtor 1
 Harry
 Darnell
 Harris
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Sign Below   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |  |  |  |  |
| 🗶 /s/ Harry Darnell Harris   | *  |  |  |  |  |  |  |
| Signature of Debtor 1  | Signature of Debtor 2  |  |  |  |  |  |  |
| Date 10/21/2016<br>MM / DD / YYYY  | DateMM / DD / YYYY   |  |  |  |  |  |  |
| Did you attach additional pages to Your Statement of   | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                         |  |  |  |  |  |  |
| No   |  |  |  |  |  |  |  |
| Yes  |  |  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |  |  |  |  |  |  |  |
| No   |  |  |  |  |  |  |  |
| Yes. Name of person  | . Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 46 of 63

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In  | ·e  |                |                 |                                      |   |   |  |   |            |
|-----|-----|----------------|-----------------|--------------------------------------|---|---|--|---|------------|
| Hai | ry  | Darnell 1      | Harris /        | Debtor                               |   |   | Case No  | );  |            |
|     |     |                |                 |                                      |   |   | Chapter  | Chapter 13                                |            |
|     |     |                |                 | DISC                                 | LOSURE OF COM                               | MPENSATION OF                                     | ATTORNEY FOR D   | EBTOR                                     |            |
|     | npe | nsation p      | aid to me       | C. § 329(a) and Fe within one year b | ed. Bankr. P. 2016(before the filing of the | o), I certify that I am<br>the petition in bankru | the attorney for the about the properties of the | ove named debtor(<br>paid to me, for serv | ices       |
|     | F   | or legal s     | ervices, I      | have agreed to ac                    | ccept                                       | \$4,000.00  |  |   |            |
|     | P   | rior to th     | e filing of     | f this statement I h                 | have received                               | \$0.00  |  |   |            |
|     | Е   | Balance D      | ue              |                                      |   | \$4,000.00  |  |   |            |
| 2.  | T   | he source      | of the co       | empensation paid t                   | to me was:                                  |   |  |   |            |
|     |     | Debt           | or(s)           | Other: (                             | specify                                     |   |  |   |            |
| 3.  | T   | he source      | of comp         | ensation to be paid                  | d to me is:                                 |   |  |   |            |
|     |     | Del            | otor(s)         | Other: (                             | 'anaoifu                                    |   |  |   |            |
| 4.  |     | I have         |                 | ed to share the abo                  |   | ensation with any ot                              | her person unless they   | are members and a                         | associates |
|     |     |                | law firm        |                                      | -   | -   | rson or persons who a<br>nes of the people sharii  |   |            |
| 5.  |     | return fo      |                 | ve-disclosed fee, l                  | I have agreed to ren                        | der legal service for                             | all aspects of the bank  | ruptcy                                    |            |
|     | a.  | Analy<br>bankr |                 | debtor' s financia                   | l situation, and rend                       | ering advice to the o                             | lebtor in determining v  | whether to file a pe                      | tition in  |
|     | b.  |                |                 | l filing of any noti                 | ition sahadulas stat                        | coments of offeirs on                             | d plan which may be r  | aguirad:                                  |            |
|     | c.  | •              |                 |                                      |   |   | hearing, and any adjo  |   | reof:      |
|     | d.  | •              |                 |                                      | · ·   |   | ed bankruptcy matters;   | difficultied fical files the              | icoi,      |
|     | e.  | -              |                 |                                      | aversary proceeding                         | 35 and other conteste                             | a bankruptey matters,  |   |            |
| _   |     |                |                 |                                      |   |   |  |   |            |
| 6.  | B   | y agreem       | ent with t      | he debtor(s), the a                  | above-disclosed fee                         | does not include the                              | following service:   |   |            |
|     |     |                |                 |                                      |   |   |  |   |            |
|     |     |                |                 |                                      | C   | ERTIFICATION                                      |  |   |            |
|     |     |                | I cer<br>paymen |                                      | going is a complete                         | statement of any agr                              | eement or arrangemen   | t for                                     |            |
|     |     |                |                 |                                      | the debtor(s) in this                       | bankruptcy proceedi                               | ngs.   |   |            |
|     |     |                |                 | 10/21/2016                           | * *   | /s/ Jason Makoto Si                               | Č  |   |            |
|     |     |                | Date            |                                      |   | Signature of Attorne                              | ey   |   |            |

Page 1 of 1 721113 Record #

Geraci Law L.L.C. Name of law firm

### UNITED STATES BANKROPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main 3. Personally review with the debtor and signification placed 48tinfon plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



CARA Page 2 of 6

- Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Mair 2. Inform the debtor that the debtor must be producted and a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
  - 14. Timely respond to motions for relief from stay.
  - 15. Prepare, file, and serve all appropriate motions to avoid liens.
  - 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
  - 17. Provide any other legal services necessary for the administration of the case.



# Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main \*\*TERMINATION OR CONVERSION\*OF THE \*\*PASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES\*\*

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Case 16-33807 Any portion of the retainer that Pont rearried of required of 62x penses will be refunded to
- (d) the client; and
- The attorney is unwilling to represent the debtor without receiving an advanced payment (e) retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### CONDUCT AND DISCHARGE E.

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



#### Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Mair F. ALLOWANCE AND PAYMENTOR RECESTAND EXPENSES

Signed:

1 1

Co-Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

#### eled 10/24/16 10:20:26 Case of Figure 1992 Monroe S Desc Main ago II 60603 07-865-925-1313 help@geracilaw.com

Date: 10/17/2016

Consultation Attorney: SHI

Record #: 721-113



Attorney - Client Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

FEES: This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility. Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee.

PLAN: The plan payment is estimated to be \$ per month for \_months. The payment and length of the plan are based on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or ration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure.

My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters. If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan.

cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a mestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my se may be closed without a discharge, and I will be required to pay a fee to have it reopened.

v Harris (Debtor)

(Joint Debtor)

Attorney for the Debtor(s)

Representing Geraci Law L.L.C.

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 54 of 63

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Harry Darnell Harris / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 10/21/2016 /s/ Harry Darnell Harris

**Harry Darnell Harris** 

X Date & Sign

Record # 721113 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 721113 B 201A (Form 201A) (11/11) Page 1 of 2

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 56 of 63

Form B 201A, Notice to Consumer Debtor(s)

In re Harry Darnell Harris / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 10/21/2016 | /s/ Harry Darnell Harris         |  |  |
|-------------------|----------------------------------|--|--|
|                   | Harry Darnell Harris             |  |  |
| Dated: 10/21/2016 | /s/ Jason Makoto Shimotake       |  |  |
|                   | Attorney: Jason Makoto Shimotake |  |  |

Record # 721113 Form B 201A, Notice to Consumer Debtor(s) Page 2 of 2

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 57 of 63

|  | l                               | Document P                   | age 57 01 03                   |                                 |                            |
|--|---------------------------------|------------------------------|--------------------------------|---------------------------------|----------------------------|
| Fill in this information to identify   | y your case:                    |                              |                                |                                 |                            |
| Debtor 1 Harry                         | Darnell                         | Harris                       |                                |                                 |                            |
| Debtor 1 Harry First Name              | Middle Name                     | Last Name                    | ,                              |                                 |                            |
| Debtor 2                               | Middle Name                     | · Last Name                  |                                |                                 |                            |
|  |                                 |                              |                                |                                 |                            |
| United States Bankruptcy Court for the | ie : <u>NORTHERN</u> District o | (State)                      | ·                              |                                 |                            |
| Case Number(if known)                  |                                 |                              |                                |                                 | if this is an<br>ed filing |
|  |                                 | •                            |                                | amend                           | ed illing                  |
|  |                                 |                              |                                |                                 |                            |
| Official Form 106 Do                   |                                 |                              |                                |                                 |                            |
| Official Form 106 De                   |                                 |                              |                                |                                 |                            |
| <b>Declaration About</b>               | an Individual                   | Debtor's Sche                | edules                         |                                 | 12/15                      |
| If two married people are filing tog   | ether, both are equally res     | sponsible for supplying co   | prrect information.            |                                 |                            |
| You must file this form whenever y     | ou file bankruptcy sched        | ules or amended schedule     | es. Making a false statement   | , concealing property, or       |                            |
| obtaining money or property by fra     | aud in connection with a b      | ankruptcy case can resul     | t in fines up to \$250,000, or | imprisonment for up to 20       |                            |
| years, or both. 18 U.S.C. §§ 152, 13   | 41, 1519, and 3571.             |                              |                                |                                 |                            |
| Sign Below                             |                                 |                              |                                |                                 |                            |
|  |                                 |                              |                                |                                 |                            |
| Did you pay or agree to pay so         | meone who is NOT an atto        | orney to help you fill out b | ankruptcy forms?               |                                 |                            |
| ■ No                                   |                                 | *                            | •                              |                                 |                            |
| Yes. Name of Person                    |                                 |                              |                                | y Petition Preparer's Notice, D | eclaration, and            |
|  | •                               |                              | Signature (Officia             | l Form 119).                    |                            |
|  |                                 |                              |                                |                                 |                            |
| ***                                    |                                 |                              |                                |                                 |                            |
| •                                      |                                 |                              |                                |                                 |                            |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and

Signature of Debtor 2

MM / DD / YYYY

# Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 58 of 63

|  | Harry  | Darnell   | Harris   | Case Number (if know  | (n)   |  |  |
|--|--|---|--|---|---|--|--|
| abtor 1  | First Name   | Middle Name   | Last Name  |   |   |  |  |
|  |  |   |  |   |   |  |  |
| art 6  | Answer These Question  | s for Reporting Purposes  |  |   |   |  |  |
|  | /hat kind of debts do  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."   |  |   |   |  |  |
| ·  |  | No. Go to line 16b. Yes. Go to line 17.   |  |   |   |  |  |
| ;  |  | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   |  |   |   |  |  |
|  |  | No. Go to line 16c. Yes. Go to line 17.   |  |   |   |  |  |
|  |  | 16c. State the type   | of debts you owe that are not  | consumer debts or business debts  |   |  |  |
| ***************************************  | ·  |   |  | Market State Control of the Control |   |  |  |
|  | Are you filing under<br>Chapter 7?   | No. I am not filing under Chapter 7. Go to line 18.  Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and   |  |   |   |  |  |
|  | Do you estimate that after   | Yes. I am filin<br>administ   | g under Chapter 7. Do you es<br>rative expenses are paid that  | stimate that after any exempt proper<br>funds will be available to distribute   | erty is excluded and<br>to unsecured creditors?             |  |  |
|  | any exempt property is<br>excluded and   | ∏No.  |  |   |   |  |  |
|  | administrative expenses<br>are paid that funds will be   | ☐Yes.   |  |   |   |  |  |
| ā  | available for distribution   |   |  |   |   |  |  |
|  | to unsecured creditors?  | 1-49  | □ 1,00   | 00-5,000  | <b>2</b> 5,001-50,000                                       |  |  |
|  | How many creditors do you estimate that you  | <b>□</b> 50-99  | □ 5,00   | 01-10,000   | ☐ 50,001-100,000  |  |  |
|  | owe?   | <b>1</b> 00-199   | <b>□</b> 10,   | 001-25,000  | ☐ More than 100,000   |  |  |
|  |  | 200-999   |  |   |   |  |  |
| 19.  | How much do you  | \$0-\$50,000  |  | 000,001-\$10 million  | ☐\$500,000,001-\$1 billion<br>☐\$1,000,000,001-\$10 billion |  |  |
|  | estimate your assets to  | \$50,001-\$100  | · =  | 0,000,001-\$50 million<br>0,000,001-\$100 million   | □\$10,000,000,001-\$50 billion                              |  |  |
|  | be worth?  | \$100,001-\$50<br>\$500,001-\$1   | F <sup>m</sup>   | 00,000,001-\$500 million  | ☐More than \$50 billion                                     |  |  |
| (Accessed Marketon de Marketon |  |   |  | 000,001-\$10 million  | □\$500,000,001-\$1 billion                                  |  |  |
|  | How much do you  | \$0-\$50,000  |  | 0,000,001-\$50 million  | ☐\$1,000,000,001-\$10 billion                               |  |  |
| 19   | estimate your liabilities  | \$50,001-\$100  | <u> </u>   | 0,000,001-\$100 million   | \$10,000,000,001-\$50 billion                               |  |  |
|  | to be?   | \$100,001-\$50<br>\$500,001-\$1   | ·  | 00,000,001-\$500 million  | ☐ More than \$50 billion                                    |  |  |
|  |  | <b>—</b> \$500,001-\$1  | Thanost  |   |   |  |  |
| Part   | 74 Sign Below  |   |  |   |   |  |  |
| Fory   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |   |  |   |   |  |  |
|  |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  |  |
| **   |  |   |  |   |   |  |  |
|  | •<br>•   |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |   |  |  |
|  | I understand making a false statement, concealing property, or obtaining money or property by fraud in c with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |  |   |   |  |  |
| ***************************************  |  | Signature of Debtor 2   |  |   |   |  |  |
|  |  |   |  |   |   |  |  |
| · commence   |  | Executed or   | 1 1/0 / 2/ /2016   | Execute   | ed on   |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 59 of 63

| Debtor 1 | Harry      | Darnell     | Harris    | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| Part 12: Sign Below   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| di Otal mand of Financial Affaire   | Signature of Debtor 2  |  |  |  |  |  |
| MM / DD / YYYY  | MM / DD / YYYY   |  |  |  |  |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |  |  |  |  |  |  |
| yes .   |  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?                                 |  |  |  |  |  |  |
| No Yes. Name of person  | . Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |  |
| •   |  |  |  |  |  |  |

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main

### DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2
  YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District
  Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend
  you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes
  and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above
  time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors, a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or féderal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED GOUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17: AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SYRE OUR PETITION IS ACCURATE!!!!

Dated: / () / 2 / /2016

Harry Darnell Harris

X Date & Sign

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 61 of 63

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Harry Darnell Harris / Debtor

Bankruptcy Docket #:

Judge:

#### VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Dated: / ()/2 //2016

Harry Darnell Harris

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Case 16-33807 Doc 1 Filed 10/24/16 Entered 10/24/16 10:20:26 Desc Main Document Page 62 of 63

Part 4.

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Harry Darnell Harris

Date: 90/9 //2016

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Filed 10/24/16 Document Entered 10/24/16 10:20:26 Page 63 of 63

Desc Main

Form B 201A, Notice to Consumer Debtor(s)

In re Harry Darnell Harris / Debtor

Page 2

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Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

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#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: / 0/ 2//2016

Harry Darnell Harris

X Date & Sign

Dated 0 /21 /2016

Attorney: Jason Makoto Shimotake

Pecord # 721113

Form B 201A, Notice to Consumer Debtor(s)

Page 2 of 2